THE

MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. XCV.—NOVEMBER, 1852.

ORIGINAL COMMUNICATIONS.

Adhesive Plaster as a means of making Extension in the Compound and other Fractures of the Lower Extremity. By S. D. Gross, M. D., Professor of Surgery in the University of Louisville.

University of Louisville, Sept. 27th, 1852.

To the Editors of the Medical Examiner.

Gentlemen:—Will you be so kind as to grant me a little space in your valuable Journal for a few remarks on the subject of Adhesive Plaster, as a means of making extension in compound and other fractures of the inferior extremity? I am induced to ask this favor, because the origin of this mode of treatment, which has lately attracted considerable attention, and which has been adopted with great advantage, in several sections of our country, has been ascribed to a gentleman who is in nowise entitled to the credit of it, if credit it deserves.

In my work on the "Anatomy, Physiology, and Diseases of the Bones and Joints," composed within a few months after I was invested with the honors of the Doctorate, and published in Philadelphia in the summer of 1830, is the following passage:—

purpose is pumped up into the acidifying vessel, in which its temperature is raised to 177° Cent. (350° Fah.) The means of heating is a jet of low-pressure steam, which, in its course from the boiler, passes through a series of iron pipes heated in a furnace. The quantity of acid used is in the proportion of 6 lbs. for 112 lbs. of palm oil. In this operation the palm-oil is decomposed and becomes much blackened. Withdrawn at that period it is seen that an important change has been affected by the action of the acid, as the mass now really crystallizes to a tolerably solid fat. The fat is now drawn off from the acid and transferred to the washing-tank, where it is boiled up with water by means of a steam-jet.

Distillation.—After one or two washings the blackened fat is withdrawn, and pumped up to the supply tank, which commands the stills. The stills which are made of copper, are heated by an open grate; each still is capable of holding five tons of fat. When charged the temperature is raised to 293.5° Cent. (560° F.), and low pressure steam passed through the mass. This steam is previously heated by passing through a system of iron pipes placed in a furnace.

The current of steam carries with it the vapor of the fatty acids, and thus facilitates the process. The mixed vapors of fatty acids and water pass together to a series of vertical pipes, which retain a temperature above 100° Cent. 212° F.) where the fats only condense while the steam passes to a second refrigerator, cooled by a current of water; here it is condensed along with the minute quantity of fat carried over by it. A separating tank, from which the water escapes at the bottom, whilst the fats float on the top, serves to recover this small quantity.

Distillation of the Residue.—After continuing the distillation for a certain period, the residue in the still is transferred to another still, formed of iron pipes, set in a furnace, and there submitted to a much higher temperature, and a jet of steam more strongly heated. The residue left in these iron stills is a sort of pitch, and is applied to the same uses as ordinary pitch. By this means an additional quantity of fatty acids is obtained.

The fatty acids, as they run from the still, are used to a great extent for the manufacture of candles, without pressing, and form what are called *composite candles*, which possess all the advantages of being self-snuffing, but are more fusible and softer than the pressed stearic acid candles.

A large proportion of the distilled fats, however, is pressed, to make a better sort of candle, and for this purpose fifty hydraulic presses are employed.

Cold Pressing.—The fats are spread by ingenious machinery on woven mats, and submitted to powerful cold-pressure between iron plates; the oleic, or metoleic acid runs out, and is collected, and chiefly exported to Germany, where it is employed in soap-making.

Hot-Pressing.—After cold-pressing, the fat acids are subjected to hot pressure in hydraulic presses, confined in a chamber heated by steam. The pressed cakes, after the removal of the edges are melted in contact with a little diluted sulphuric acid, and run into blocks. When the reporters visited the works the Company were distilling at the rate of 130 tons of palm oil per week.—*Ibid.*

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Gentlemen:—Will you be so kind as to grant me a little space in your valuable Journal for a few remarks on the subject of Adhesive Plaster, as a means of making extension in compound and other fractures of the inferior extremity? I am induced to ask this favor, because the origin of this mode of treatment, which has lately attracted considerable attention, and which has been adopted with great advantage, in several sections of our country, has been ascribed to a gentleman who is in nowise entitled to the credit of it, if credit it deserves.

In my work on the "Anatomy, Physiology, and Diseases of the Bones and Joints," composed within a few months after I was invested with the honors of the Doctorate, and published in Philadelphia in the summer of 1830, is the following passage:—

"In complicated fractures of the leg, it not unfrequently happens that the soft parts about the ankle are so much contused, or otherwise injured, as to render it impossible to employ the usual extending bands. When this is found to be the case, the difficulty may usually be remedied by applying along each side of the leg, as high up as the seat of the fracture will admit, a piece of strong muslin, about two feet and a half in length, two inches and a half in width, and spread at one of its extremities with adhesive plaster. The part which is applied upon the limb should be confined by three or four circular strips, so as to keep it firmly in its place, and equalize the extending power. The free extremities of the extending bands should then be tied under the sole of the foot, and be secured to the block or bar which connects the lower ends of the splints. This mode of making extension, for which we are indebted to the ingenuity of my friend and preceptor, Dr. Swift, of this place, will, I am fully persuaded, be found highly useful in practice, and satisfactorily obviate the inconveniences to which I have alluded."

At the time of writing the work here quoted, I was spending a few months at Easton, Pennsylvania, where I had an opportunity of witnessing the excellent effects of this mode of management. Since that period I have omitted no opportunity of employing it in my own practice; and I have never failed, during the last thirteen years, to speak of it prominently before my classes in the University of Louisville.

Dr. Sargent, in his excellent little work on "Bandaging and other Operations of Minor Surgery," ascribes the credit of this method of extension to Dr. E. Wallace, of Philadelphia; and the same statement is reiterated in that gentleman's edition of Mr. Druitt's Surgery, published at Philadelphia in 1848.

Within the last two years, Dr. Josiah Crosby, of New Hampshire, has published a short account of this mode of treatment, in the New Hampshire Journal of Medicine, illustrated by several cases, in which it appears to have been adopted with the happiest effect. In one of these, a compound fracture of the tibia and fibula, the counter-extending band was applied to the upper part of the leg, and the extending band to the lower part of the leg and foot; the plan answered most admirably, and caused not the slightest inconvenience to the patient. Dr. Crosby

states that he has healed two cases of fracture of the clavicle in children two years of age, with nothing but adhesive strips, with as good success as he ever had with the old methods, and with half the trouble. The same mode of treatment has been lately employed with great success in the New York Hospital, in fractures of the inferior extremities.

My conviction is that this plan of making extension deserves to be much more extensively employed than it has hitherto been by my professional brethren. It is particularly applicable to compound and complicated fractures of the leg, but it may also be advantageously resorted to in all cases of fracture of the leg and thigh, in which, on account of injury, excoriation, disease, or excessive morbid sensibility of the ankle, heel, or instep, it is impossible to use the ordinary extending means.

The limb should always, as a matter of course, be shaved before the bands are applied; and the substance of which these bands are composed should be of the most pliant and unyielding character. The adhesive plaster should also be of a very superior quality. The circular strips should not completely encircle the limb, lest they impede the return of the venous blood, and the leg should be carefully bandaged from the toes up, as in the ordinary mode of treatment.

I am, gentlemen, very respectfully,
Your friend and obedient servant.
S. D. Gross.

Case of Difficult Labor from Deformity of the Fœtus. By H. B. Wilson, M. D., of Keedysville, Md.

It was my fortune to be called to an obstetrical case a short time ago, in which the diagnosis was very obscure, and the case rendered tedious and protracted in consequence of the deformed state of the child; a brief narrative of which I append.

The woman, Mrs. H——, was about thirty years of age, and had enjoyed apparently good health previous to her confinement, with the exception of a slight pain occasionally in her right side, and a choaking sensation in her throat when sitting down. She was unusually large for one in her condition, which, no doubt, accounted for the feelings of suffocation which she sometimes experienced. The sharp, lancinating pains, incidental to

the first stage of labor, came on about two o'clock P. M. on Sunday, and continued until four, at which hour I saw her for the first time. Soon after my arrival the "bag of water" broke, and the liquor amnii was discharged, from which time all contractions of the uterus ceased. Upon examination, the *os tincæ* was found to be but partially dilated, and neither titillation of its inner surface, or friction over the region of the womb, with other customary measures, seemed to have any effect in bringing about a renewal of the pains. Some, of a slight, transient character, did occasionally shoot, first in one direction and then in another, but answered no good purpose; and one in particular, deep seated and constant, horizontally across the symphysis pubis, appeared to be a source of greater misery than all the others combined. The ergot of rye was counter-indicated, as yet, on account of the insufficient dilatation of the os uteri, and nature for a time had to be left to take her own course. About 2 A. M., on Saturday morning, the pains again returned, and continued for about half an hour; they were strong, and of long duration. Upon examination, the descending part presented to the touch the feeling of a round, smooth, tense, but yielding tumor, unlike the nates, as it had no fissure, or other marks of that presentation; nor did it resemble an ordinary head presentation, giving to the touch the sensation of a hard, round, bony mass. One thing which seemed rather singular and unusual was the fact of a large, triangular space, with sides about four inches long, situated in the centre of the tumor. Although we were well aware the bones of the fœtal head may be and frequently are separated, still we did not suspect for a moment that this was either of the fontanelles or of the head, not only from its remarkable size, but from the smooth, yielding nature of the surrounding parts. The tumor felt like the smooth, giving abdomen of a child, and the triangular space resembled nothing so much as the surface immediately below the ensiform cartilage of the sternum. Pains continued off and on, throughout the day, until about 7 P. M., when it was thought prudent to send for another physician—Dr. Smith. On his arrival, examinations per vaginam were renewed, and measures taken to hasten the delivery. Ergot was administered, and the forceps brought into requisition, but the size of the tumor would not

admit of their application. Version could have been of no benefit even were it practicable, and the only alternative appeared to be perforation. This we had determined to resort to, when the tumor began to descend, beneath the most powerful contractions of the womb. It soon became manifest that it was a head presentation, a case of hydrocephalus, and that the child was a very monster; the large triangular space being nothing more than the posterior fontanelle. About half past eleven o'clock the case was terminated, having been one of a very protracted and tedious nature. The child was very much deformed, having six fingers and six toes, besides being club-footed. Its head was about three times the ordinary size, large with water, and we think we are within bounds when we say the whole child weighed at least sixteen or eighteen pounds. It had been dead for several days, as it had begun to decompose, emitting a disagreeable smell. As typhoid symptoms were to be apprehended in this case from absorption of the putrid matter, careful measures were taken to guard against anything of the kind, and in twelve or fifteen days we had the satisfaction of seeing our patient restored to health without any untoward results.

September 29th, 1852.

Mortality of Philadelphia for July, August, and September, 1852, *arranged from the Record kept at the Health Office.* By Wilson Jewell, M. D.

In our last quarterly paper, published in the August number of the Examiner, we presented a few general remarks upon the Registration law of this State, and intimated, that the Board of Health had not only discontinued to publish their weekly statement of deaths, but had also declined receiving the certificates of births and deaths from physicians, under an impression that all matters appertaining thereto, had been, by the operation of the Registration law, transferred to the Register of Wills for the city and county of Philadelphia. As one of the results of this view of things connected with the law, the profession and the community at large were deprived of the benefit of a weekly statement of deaths during the month of July. This omission created much dissatisfaction and no little uneasiness in the public mind. The attention of the Board of Health being directed to

the subject, they wisely gave it a careful revision, and found that the registration law neither infringed upon, nor interfered with, any part of the old law, under which they had been acting, "for establishing a health office, and to secure the city and port of Philadelphia from the introduction of pestilential and contagious diseases," passed January 29th, 1818, a part of the 26th section of which, reads as follows:—

"Whenever any person shall die in the city, districts or townships aforesaid, the physician or surgeon who shall have attended such person, as a physician or surgeon, during his or her last sickness, shall leave a note in writing signed with his name, with some one of the family in the house where such person shall have died, specifying the name and apparent age of the deceased, and the disease of which he or she shall have died.

"And that no sexton of any church, or other person having charge of any cemetery, vault or burying ground in the city and county aforesaid, shall permit any dead body to be interred therein, until he has received such note in writing so signed as aforesaid.

"The contents of which note in writing shall be entered by such sexton on a blank schedule to be furnished by the Clerk of the Health office, or such other person as the Board of Health shall direct, and delivered, together with the said schedule, on the Saturday of every week, to the Health office for publication, in such form as may be designated by the Board of Health."

It will be seen at once that the requirements and objects of the health law, are not only well defined, but entirely distinct and separate from the operations of the registration act. The one, affecting a single locality—its object, the preservation of the health of the city and the prevention of nuisances; while the other, looks to widely different and more general purposes, constituting an essential element towards a correct knowledge of the sanitary condition of the State at large, and is intimately allied to the physical and moral prosperity of its citizens.

The Board of Health, after a careful review of the whole subject, reconsidered their former action in the case, and resumed the duty enjoined upon them by the law of 1818, already referred to, of collecting and publishing a weekly statement of deaths occurring in the city and adjoining districts. By this decision we are enabled to continue our quarterly reports.

The returns of deaths made to the Board of Health for the third quarter of the present year, embracing a period extending from July 4th to October 2d, inclusive, making in all thirteen weeks or ninety-one days, amount in the aggregate to 2751.

This gives an increase of mortality of 4½ per cent. over the second quarter of the year.

By deducting the still-born, the deaths from external causes, and from old age, the result shows the number of deaths from disease alone to be 2,497. Of these, the zymotic or epidemic class of diseases, amounting to 980, constitute more than one-third.

Dysentery has prevailed during the quarter to a very great extent, causing the death of 394 individuals, a higher per centage in proportion to the population, than has ever been recorded during any similar period in Philadelphia; constituting about sixteen per cent. of the aggregate of deaths from disease during the three months. For the three quarters of the year ending October 2d, the deaths from dysentery have amounted to 503.

Small pox is rapidly disappearing from our midst. Since June, only twenty-one deaths have been recorded, showing a falling off of eighty-five per cent. from the previous quarter.

The deaths from cholera infantum during July, August, and September, amounted to 273. It is gratifying to know, that the mortality from this fatal disease of infants is on the decline in this city since 1849. From Dr. Ruschenberger's annual report on epidemics, made to and published in the transactions of the College of Physicians, we find that the deaths in

1850 from cholera infantum for the 3d quarter were	436
1851 " " " " " "	344
And according to our present report for 1852, they only amount to	273

Presenting a reduction of deaths of about 40 per cent. in the two years.

Consumption of the lungs furnish 251 deaths for the quarter, being an increase of 37 over the third quarter of 1850, and nine over that of 1851, according to Dr. Ruschenberger's tables.

The most fatal diseases for the quarter have been as follows: dysentery, 394; cholera infantum, 273; consumption of the lungs, 251; convulsions, 139; marasmus, 131; debility, 114; amounting in the aggregate to 1302 deaths; 767, or more than one-half were among children under five years of age.

It appears that 1378, or more than 50 per cent. of the deaths recorded within the quarter, were among children under five, and nearly one-third of these took place within the first year of life.

TABLE No. I.

Deaths for the Third Quarter of 1852, *classified.*

	July.	August.	September.	MALE. J.	MALE. A.	MALE. S.	FEMALE. J.	FEMALE. A.	FEMALE. S.	Total.
1. *Endemic and Contagious Diseases.* Zymotic or Epidemic	333	364	283	161	175	140	172	189	143	980
2. *Uncertain or general seat.* Sporadic diseases	112	128	138	60	72	77	52	56	61	378
3. The Nervous System	170	126	139	98	67	71	72	59	68	435
4. Organs of Respiration	108	120	146	53	62	82	55	58	64	374
5. " Circulation	12	7	18	6	3	14	6	4	4	37
6. The Digestive Organs	55	61	70	30	40	32	25	21	38	186
7. The Urinary Organs	2	1		2	1					3
8. The Organs of Generation	9	12	9	2	3	2	7	9	7	30
9. " Locomotion	4	4	2	3	3		1	1	2	10
10. The Integumentary System	2	2		1			1	2		4
11. Old Age	9	8	13	2	2	3	7	6	10	30
12. External Causes	33	34	39	28	27	29	5	7	10	106
Still Born	36	38	44	17	21	25	19	17	19	118
Unknown	19	18	23	8	11	13	11	7	10	60
	904	923	924	471	487	488	433	436	436	2751

TABLE No. II.

1. *Endemic and Contagious Diseases.—Zymotic or Epidemic.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Cholera Infantum	144	129	165	89	18	1												273
" Morbus	5	10	1	1		1	1	2		3	1	1	3	1				15
Croup	11	17	4	11	10	3												28
Diarrhœa	38	39	41	16	3				2	4	1	3	3	2	2			77
Dysentery	182	212	58	64	53	34	9	12	34	38	29	24	18	17	2	1	1	394
Erysipelas	7	7	3						3	2	3	2			1			14
Fever	4	1	1	1					1	1	1							5
" Bilious	3	1								2		1	1					4
" Catarrhal	1				1													1
" Congestive	3	1	1			1		1	1									4
" Hectic	1	5	2			1			2	1								6
" Intermittent	1	1	1										1					2
" Remittent	9	6		1	3			1	1	4	2	1	1		1			15
" Scarlet	17	26	4	11	16	7	4		1									43
" Synocha	1									1								1
" Typhus	16	14		2	1	1	1	3	10	7	5							30
" Typhoid	18	14		1	1	1	1	2	5	7	1	3	7	2	1			32
Hooping Cough	3	1	3	1														4
Measles	4	2	1	3	2													6
Small Pox	7	14	7	6	6	1			1									21
Syphilis	1	1							1	1								2
Varioloid		3	1		2													3
	476	504	293	207	116	51	16	21	62	71	43	35	34	22	7	1	1	980

2. *Uncertain or General Seat.—Sporadic Diseases.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess		1	1															1
Cancer	1	3								2	1		1					4
" Breast		3							1		1		1					3
" Mouth	1	1				1					1							2
Congestion	1									1								1
Cyanosis	4	1	3			1			1									5
Debility	65	49	42	9	6	5	1	1	5	4	8	4	13	12	3	1		114
Disease of Mouth		2	1	1														2
" of Neck	1									1								1
Dropsy	18	17	3	3	3	1			2	4	4	4	8	3				35
Gangrene		4											2	2				4
" of Foot		1										1						1
" of Mouth		1		1														1
Hemorrhage	3	1		1					2		1							4
" from Umbilicus		1								1								1
Inanition	15	15	28	1											1			30
Inflammation	2		1	1														2
Marasmus	79	52	84	28	9	2	1	1	1		2	1	1	1				131
Malformation	5	2	7															7
Melœna	1	1										1	1					2
Mortification	1				1													1
Scrofula	5	3	2	1	2	1			2									8
Tabes Mesenterica	6	8	5	4	3			2										14
Tumour		2						1				1						2
" of Mouth	1											1						1
Ulceration		1							1									1
	209	169	177	50	24	11	2	5	15	13	18	13	27	18	4	1		378

3. *Of the Nervous System.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Brain		1					1											1
Apoplexy	9	11	1				1		2	1	1	3	3	4	4			20
Catalepsy		1							1									1
Concussion of Brain	1						1											1
Congestion "	21	10	10	5	3	2		2	4		1		3	1				31
Convulsions	62	77	79	29	14	5	1		6	1	1	1	2					139
" Puerperal		5						1	1	3								5
Coup de Soleil	2								1	1								2
Cramp	1		1															1
Disease of Brain	14	8	9	7	3						1	2						22
Dropsy "	41	27	27	22	9	5		1	1		2		1					68
Effusion "	16	8	14	4	1	1			2			1		1				24
Enlargement "		1	1															1
Fever "	1		1															1
Inflammation "	41	31	20	18	13	6	3	5		2	3	1	1					72
Epilepsy	3	1			1				1		1		1					4
Mania	3	4							1	1	3	1	1					7
" a potu	6	1								3		2	1	1				7
Palsy	9	12			1	1			2		1	1	6	4	5			21
Softening of Brain	3	1							1		2	1						4
Tetanus	3		1						1			1						3
	236	199	164	85	45	20	7	9	24	12	16	14	19	11	9			435

4. *Organs of Respiration.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Lungs .	1	1		1									1					2
Asthma . . .	2	2	1							1	1			1				4
Cancer of Larynx .		1								1								1
Congestion of Lungs .	5	8	4	1	2				1	4	1							13
Consumption " .	124	127	7	5	8	7	5	14	84	53	36	17	12	3				251
Disease of Lungs .	2	1							1	3								3
" Chest . .	1										1							1
Dropsy of Chest . .	8	2	1		3	1			1	1		1	1	1				10
Effusion " . .		1											1					1
" Lungs . .	1	1				1				1								2
Hemorrhage " . .	3									2	1							3
Inflammation Bronchiæ	14	7	7	5		1			3	3	1	1						21
" Chest .	1		1															1
" Larynx .	1						1											1
" Lungs .	22	19	16	5	6	2	2		6	2		1			1			41
" Pleura .	1	2										3						3
" Throat .	2	1	1					1						1				3
Obstruction of Trachea		1		1														1
Tuberculosis . .	9	3		4		1			2	1	2	1	1					12
	197	177	38	22	19	13	8	15	98	71	43	24	16	6	1			374

5. *Organs of Circulation.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Angina Pectoris .	1								1									1
Disease of Heart . .	12	8	2	1	2				3	5	4	2	1					20
Dropsy " . .	4	3	1		1		1			1		1	1	1				7
Enlargement of Heart .	4	2					1		1		1	2	1					6
Inflammation " .	1											1						1
Ossification " .	1	1													2			2
	23	14	3	1	3		2		5	6	5	6	3	1	2			37

6. *Digestive Organs.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abscess of Liver	2								1	1								2
Abdominal Dropsy	11	3			1				1	6	2	1	2	1				14
Cancer, Liver		1										1						1
" Stomach		1											1					1
Cancrum Oris	1			1														1
Colic	1	1	2															2
Cirrhosis of Liver	4	1							1	1	1			2				5
Congestion of Bowels	2		1									1						2
Constipation	1								1									1
Consumption of Bowels		3			2					1								3
Disease of Abdomen	1		1															1
" Bowels	1	1	2															2
" Liver	2	2	1							1	2							4
" Stomach	2	2	2						1			1						4
" Stomach& bowels	1		1															1
Hemorrhage of Bowels	1	1	1							1								2
Hernia, strangulated	1											1						1
Induration of Liver		1												1				1
Inflammation of Bowels	1	2		1						2								3
" Liver	4	5	1	1		1			2		1	1	2					9
" Peritoneum	2	7				1	2	1	3		1				1			9
Inflam. Stomach & Bowels	45	39	15	14	12	3	1	3	7	7	7	7	5	2	1			84
Intussusception		2							2									2
Jaundice	3	2	3										2					5
Mortification Bowels	2				1		1											2
Obstruction Bowels	1	1						1							1			2
Rupture "	1					1												1
Scirrhus Mesentery	1												1					1
" Stomach		1									1							1
Softening Stomach		1			1													1
Teething	2	4	2	4														6
Ulceration of Bowels	4									1	2		1					4
" Stomach	1	1								1			1					2
" Throat	3	2	1	1		2		1										5
Worms	1					1												1
	102	84	33	22	17	9	4	6	19	22	17	13	15	6	3			186

7. *The Urinary Organs.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Albuminuria	1										1							1
Inflam. of Kidneys	2												1	1				2
	3										1		1	1				3

8. *Organs of Generation.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Abortion		1							1									1
Cancer Uterus		2									1		1					2
Disease of Urinary Organs	1													1				1
" Uterus		2									1		1					2
Hysteritis		1											1					1
Hemorrhage from Uterus		4							1	2	1							4
Inflammation "		6							4	2								6
Inflam. of Bladder	2		1											1				2
Orchitis	1										1							1
Prostatic Disease	1											1						1
Puerperal Fever		5							2	2	1							5
" Mania		1								1								1
Strangury	1													1				1
Ulceration of Urethra	1										1							1
" Uterus		1									1							1
	7	23	1						8	7	7	1	3	3				30

9. *Organs of Locomotion.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Caries of Spine	1										1							1
Disease of Knee Joint	1								1									1
" Hip Joint		1						1										1
Inflam. of Spinal Marrow	1	1	1							1								2
Rheumatism	3	2							2	1			1	1				5
	6	4	1					1	3	2	1		1	1				10

10. *The Integumentary System.*

	Male.	Female.	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Carbuncle		2	1										1					2
Purpura Hemorrhagica		1	1															1
Scorbutus	1										1							1
	1	3	2								1		1					1

11. *Old Age.*

Old Age	7	23											1	9	13	5	2	30

12. *From External Causes.*

	Male.	Female	Under 1 yr.	1 to 2.	2 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	50 to 60.	60 to 70.	70 to 80.	80 to 90.	90 to 100.	100 to 110.	Total.
Asphyxia . . .	4	2	5						1									6
Burns and Scalds . .	2	4	1	1	1	2					1							6
Casualties . . .	30	4	2	1	1	2	1	3	8	5	5	2	2		1	1		34
Drowned . . .	30	3			3	2	3	1	6	2	8	5		3				33
Fracture Pelvis . .	1								1									1
" Skull . .	2						1		1									2
Intemperance . .	12	7							3	5	3	4	4					19
Suicide . . .	1	2							3									3
Violence . . .	1		1															1
Wound . . .	1								1									1
	84	22	9	2	5	6	5	4	24	12	17	11	6	3	1	1		106
Unknown . . .	32	28	23	3	3			2	7	4	10	3	2	2		1		60
Still Born . . .	63	55	118															118

TABLE NO. 3.

Deaths for the Third quarter, at fifteen distinct periods of life.

Under 1 year, ...	744
1 to 2	392
2 to 5	232
5 to 10	110
10 to 15	44
15 to 20	63
20 to 30	265
30 to 40	220
40 to 50	179
50 to 60	120
60 to 70	129
70 to 80	83
80 to 90	40
90 to 100	9
100 to 110	3
	2633
Still Born	118
Total,	2751

The deaths in the Blockley Almshouse for the quarter, amounted to 225; among people of color, 186; and from the country, 43, as follows:

	Almshouse.	Blacks.	Country.
July, ...	69	63	18
August, ...	71	51	17
September, . . .	85	72	8
Total,	225	186	43

Experimental Researches applied to Physiology and Pathology.

By E. Brown-Séquard, M. D., of Paris.

(Continued.)

XIX.—ON THE MODE OF ACTION OF SOME OF THE MOST ACTIVE POISONS UPON THE NERVOUS SYSTEM.

Some of the results of my experiments on this subject have already been published in the inaugural dissertation of my learned friend and pupil, Dr. F. W. Bonnefin, with whom I performed most of these experiments.*

I intend to give here only the results of my researches on the poisons which produce convulsions. For the sake of brevity I have called them *convulsing* poisons. The most important among them are: strychnine, brucine, picrotoxine, morphine, digitaline, cyanhydric acid, nicotine, cyanide of mercury, sulphide of carbon, chloride of barium, and oxalic acid.

The principal questions which I have endeavored to solve are the following:

1. What is the part of the animal frame upon which these poisons act in producing convulsions?

2. By what mode of action do they produce convulsions?

The parts of the body on which they could act are:—

a. The nervous centres.

b. The motor or centrifugal nerves.

c. The sensitive or centripetal nerves.

d. The muscles.

Of course, the convulsing poisons could act upon these four parts together, or upon two or three of them.

Now, as to the mode of action, these poisons could produce convulsions *directly* or *indirectly*.

In other words these poisons might act:—1. As *excitants* either of the muscles or of the nervous system, and this is what I call a direct action. 2. As causes of increase of the vital powers of the muscles or of the nervous system, so that even a slight excitation of these parts is able to produce convulsions, and this is what I call an indirect action.

* Rech. Expérim. sur l'action convulsivante des principaux Poisons, in 4 Paris, 1851.

The convulsing poisons do not appear to excite the muscles or any part of the nervous system, and consequently they do not act directly. They act merely in increasing the vital powers of the nervous system, so that a slight excitation of the skin or another part where there exist nerves of sensation is sufficient to produce convulsions. Therefore these poisons act indirectly in the production of convulsions. They do not produce convulsions, they merely act upon the nervous system, so as to render it capable of producing convulsions when it receives an excitation. They do not excite the nervous system, and their mode of action is altogether different from that of the mechanical, physical, and chemical excitations which directly produce convulsions, when they are applied to the medulla oblongata, or to the spinal cord.

This mode of action was already known as regards strychnine. Long ago Mr. Magendie* found that animals poisoned by *nux vomica*, frequently remain without convulsions as long as they are left without excitation, but that fits are immediately produced when they are touched. Since that time Stannius,† Van Deen,‡ Pickford,‖ J. W. Arnold,§ Meyer, of Zurich,¶ Marshall Hall,** and A. Barnard,†† have observed many facts proving that strychnine does not directly produce convulsions. The following experiment, which I performed with the assistance of Dr. Bonnefin, is still more demonstrative.

I introduce a large dose of strychnine into the stomach of a frog, after the removal of its brain and of its medulla oblongata. As the voluntary and the respiratory movements are then impossible, there is no spontaneous movement at all, and if the animal is left perfectly quiet there are no convulsions. But as soon as it is excited, even by the slightest touch, tetanus occurs.

In this case, it is evident that the convulsive fit is merely a re-

* Examen de l'action de quelques végétaux sur la Moelle épinière. Paris 1809, p. 7.

† Mueller's Archiv. 1837, p. 223.

‡ Traités et découvertes sur la Moelle épinière, 1841, p. 123,

‖ In Rorer und Urarderlich's Vierteljaheschrift. Bd. 2, 1843, p. 430.

§ Ueber die verrichtung der Werzeln der Rückenmarksnerven, 1844.

¶ Schmidt's Jahrbücher, 1847, No. 8.

** Comptes rendus de l'Acad. des Sciences, 1847, vol. 24, p. 1054.

†† Procès verbaux de la Société Philomatique, 1847, p. 71.

flex act. But why is there a tetanic contraction instead of the regular reflex movements? The reason is that the reflex faculty is considerably increased. This will be proved in a moment.

Before giving this demonstration, I must examine if there is not also an increase in the vital powers of the muscles and of the motor nerves. There was no reason to reject the supposition that the convulsing poisons were capable of increasing simultaneously the vital powers of the nervous centres, of the nerves, and of the muscles. Consequently, I was led to perform the following experiments, which prove:—1st, that these poisons do not increase the vital powers of the motor nerves and of muscles; 2d, that they do not act as direct excitants upon these organs.

On young cats, on birds, and on reptiles, I removed the whole portion of the spinal cord which supplies nerves to the posterior limbs. A few minutes after, I injected into the rectum a solution of a salt of strychnine. Convulsions occurred only in the anterior parts of the body, and when I excited either the motor nerves or the muscles of the posterior limbs, contractions were produced exactly as in animals not poisoned, but there was no appearance of convulsions.

When the poison was placed directly on muscles or on nerves, or when it was injected with blood in a limb separated from the body, there was no appearance either of an excitation, or of an increase in the excitability of the muscles, or of the motor nerves.

The experiments of Magendie, of Emmert,* and of Backer,† have demonstrated that after a transverse section of the spinal cord, between its two enlargements, convulsions may be produced in the palsied limbs, when the animal is poisoned with strychnine. All the physiologists who have performed this experiment have found it perfectly exact. Nevertheless, J. W. Arnold,‡ maintains that the action is much less considerable in the posterior limbs, in that case, than when the spinal cord is uninjured and united with the medulla oblongata, and he concludes that the poison

* Exper. de effectu venenorum veget. americ. in corpus animale, 1817.

† Commentatio ad questionem physiol., ab Acad. Rheno traject, anno 1828, propositam.

‡ Die lehre von der Reflex-function. Chap. ix. and x. 1842.

acts much more on the medulla oblongata than on the spinal cord.

Sometimes, as Arnold says, it occurs that the action of strychnine, in mammalia and in amphibia, is not so powerful in the palsied parts, after the section of the spinal cord, as in the non-palsied limbs. As to mammalia, the reason of this difference is the diminution in the quantity of blood received by the part of the spinal marrow separated from the encephalon. As to amphibia, it is easily seen that immediately after the section of their spinal cord, the reflex faculty in the part separated from the encephalon is very weak, and if, then, strychnine is given to the animal, it does not act very strongly; but if the poison is given two or three hours after the section of the spinal cord, then the reflex faculty is very powerful and the poison acts violently, and sometimes more than if the spinal cord was uninjured. In birds, which, as I have discovered, have constantly a powerful reflex faculty after the section of the spinal cord, strychnine acts very energetically.

Lately, Stannius and Cl. Bernard have supposed that strychnine, instead of acting on the spinal marrow, acted on the nerves of sensibility, and more particularly on their termination in the skin. They base this hypothesis on some experiments, of which only one is important. After the section of the spinal cord, at the brachial enlargement, upon a frog, the animal is poisoned with strychnine, and then convulsions occur nearly at each voluntary or respiratory movement. But if the sensitive roots of the spinal nerves are cut, the convulsions cease immediately.

Now, it is evident that this fact does not prove what Stannius and Bernard have supposed; because it may be explained as well by admitting that convulsions are produced only in consequence of an increase of the reflex faculty of the spinal cord, as by the hypothesis of Stannius.

Van Deen * relates an experiment which is in opposition to the theory of Stannius. If we take a frog prepared exactly as in the experiment of this physiologist, we see that tetanus occurs when the animal is thrown on the floor. In this case tetanus is produced, although the sensitive roots are cut and unable to act; therefore tetanus is a consequence of an increased

* Loco cit. p. 123.

vitality in the spinal cord itself. But this experiment is not decisive, because sometimes it occurs that such a mechanical excitation in frogs, which have not been poisoned, produces tetanus. Nevertheless I must say that the tetanus in this last case is never so violent as in poisoned frogs.

A better experiment is to excite slightly with a needle, the posterior columns of the spinal cord. Then, tetanus constantly occurs in poisoned frogs, although the sensitive roots are divided, and it very rarely occurs in frogs that are not poisoned.

I have already published* the following experiments, which are much more decisive against the hypothesis of Stannius:

A ligature is put around the aorta of a frog, near its termination in the abdomen, and consequently the posterior limbs cease to receive blood. Then the frog is poisoned with strychnine introduced into its mouth, and after a few minutes the convulsive phenomena take place.

In this experiment the nerves of the posterior limbs do not receive strychnine, whilst the spinal cord receives it; therefore convulsions are not produced in consequence of an action of strychnine on the sensitive nerves of the skin, as Stannius has supposed, but in consequence of its action on the spinal cord.

Now, if we poison a frog after having divided the spinal cord at the brachial enlargement, and after the section of all the small arteries giving blood to the spinal column, we see that convulsions do not take place in the posterior limbs, although the reflex faculty is not lost in consequence of the cessation of the circulation in the spinal cord, and that it remains for half an hour or a little more in summer, and about two hours in winter.

In this experiment, blood containing strychnine reaches the sensitive nerves of the posterior limbs, and not the spinal cord, and there are no convulsions; therefore it is not on the sensitive nerves that strychnine acts in order to produce convulsions.

These two experiments are evidently decisive. In the first, we see that when blood containing strychnine reaches the spinal cord, and not the cutaneous nerves, there are convulsions; and in the second, we see that when blood containing strychnine reaches the sensitive nerves and not the spinal cord, there

* Gaz. Med. de Paris, 1849, p. 745.

are no convulsions. We must consequently draw from these experiments these two conclusions:

1. Strychnine does not act upon the sensitive nerves.
2. Strychnine acts upon the spinal cord.

Now, from all the facts above related, two other conclusions are to be drawn:

1. Strychnine does not excite the nervous system; or, in other words, strychnine does not produce convulsions directly.
2. Strychnine increases the reflex faculty of the spinal cord, and so produces convulsions indirectly.

I do not intend to examine here whether strychnine kills in producing convulsions, or by another action. Nevertheless, I will say, that although convulsions are sufficient to kill in asphyxiating, death, in cases of poisoning by strychnine, may be also produced by another action of that poison. I have seen animals in which convulsions did not take place at all, and which have been killed by strychnine.

The other convulsing poisons that I have studied, appear to act as strychnine, as to the production of convulsions.

The same experiments which I have related as regards strychnine, have been performed with these poisons, and I have obtained the same results. Sometimes, nevertheless, I found some differences; and, for instance, it appears that the chloride of barium is a direct exciter of the muscular fibres, and cyanhydric and oxalic acids seem also to be slight but direct exciters of the spinal cord.

The action of the chloride of barium is very important, because that poison is an exciter of the muscular fibres, and not of the nerves. This fact proves that the muscular irritability may be put in action without the intervention of the nerves.

The increase of the reflex faculty, by the convulsing poisons, is a very important fact. How is that increase produced? We believe it takes place in consequence of an increase in the nutrition of the nervous centres. J. Mueller* is of opinion that there is no substance able to increase directly the vital properties of any organ. He says that nutrition alone is able to produce such an effect. I believe he is perfectly right, and I admit that the mode of action of the convulsing poisons, in the

* Manuel de Physiol., edited by Littre, 1851, t. i. p. 582.

production of convulsions, is merely to increase nutrition in the nervous centres. It is important for practitioners to know that mode of action. The usefulness of strychnine in many cases of palsy, may be explained very easily by that action. I have frequently seen, in the wards of the hospital *la Charité* at Paris, paralytics under the care of Dr. Rayer, taking strychnine. Every day the reflex faculty was increasing in them as long as they took that substance; and on the contrary, when the use of that medicament was stopped, the reflex faculty began immediately to diminish, and in some patients it disappeared. If strychnine was given anew, the reflex faculty was still increased. These facts have been recorded with great care by my learned friend, Mr. Chareot. I hope he will publish them.

From all the facts narrated in this paper, I believe I am entitled to draw the following conclusions:

1. The convulsing poisons, more particularly strychnine, brucine, picrotoxine, cyanhydric acid, nicotine, morphine, cyanide of mercury, sulphide of carbon, digitaline, oxalic acid, appear to produce convulsions, without acting either directly or indirectly on the muscles or on the motor or sensible nerves.

2. Generally these poisons do not appear to produce convulsions in acting directly on any part of the nervous centres.

3. These poisons, in producing convulsions, act only on the parts of the nervous system endowed with the reflex faculty.

4. The mode of action of these poisons consists in the increase of the nutrition of the nervous centres, by which excess of nutrition the reflex faculty becomes much increased.

XX.—ON THE CROSSED TRANSMISSION OF IMPRESSIONS IN THE SPINAL CORD.

Numerous experiments which I have performed have proved to the numerous physicians and students, who have seen the most important of them, that the impressions made on one side of the body are transmitted to the sensorium by the opposite side of the spinal cord.

It is known that Galen* performed two experiments, which

*See: De locis affectis, lib. iii. cap. xiv; or De anatomicis admonstrationibus, lib. viii. sect. 6.

have been considered as demonstrating that there is no *crossed* action in the spinal cord.

One of these experiments of Galen consisted in the transversal section of a lateral half of the spinal marrow. After this operation the animal was paralyzed in all the parts situated behind the section, on the same side, so that the palsy was on the right side of the body when the right side of the spinal cord was divided, and *vice versa.*

The second experiment consisted in a longitudinal section on the middle line of the spinal cord so as to separate into two lateral halves the part of that nervous centre supplying nerves to the posterior limbs. After this operation the animal was able to walk.

Galen, in these two experiments did not examine the state of the sensibility. He speaks merely of the voluntary movements. Nevertheless his researches were considered in this century as completely proving that there is no crossing of action in the spinal cord, either for sensibility or for voluntary movement.

The following experiments will prove that there is a crossing of action for sensibility in that organ:

1st. If a lateral half (*i. e.* the posterior and the antero-lateral columns and the gray matter of one side of the spinal cord), is divided transversely at the level of the tenth costal vertebra, on a mammal, it is soon evident that the sensibility is much diminished in the posterior limb opposite to the side of the sections. On the contrary the sensibility instead of being lost appears much increased in the posterior limb on the side where the section has been made.

2d. If, instead of one transversal section of the spinal cord, two, three, four or many more are made on the same lateral half of that organ, the same results are obtained.

3d. If, instead of mere sections, a removal of a part of a lateral half of the spinal cord, is effected, the same results are still obtained. In performing this experiment a longitudinal section, one inch in length, from behind forward, is made in the median plane of the spinal marrow, and then two transversal sections on a lateral half are made at the extremities of the longitudinal section, so that a part of the cord is completely separated from that organ and afterwards removed.

4th. If instead of dividing entirely a lateral half of the spinal cord, a small part is left undivided towards the centre of that organ, the posterior limb on the same side becomes much more sensible, but the posterior limb on the opposite side remains very sensible and sometimes it appears more sensible than in the normal state.

5th. If in performing the section of a lateral half of the spinal cord the instrument goes a little too far and divides also a small portion of the other half, then the posterior limb on the side of the complete section is less sensible than in the normal state, and the posterior limb of the opposite side, loses completely its sensibility.

6th. If the section of a lateral half of the spinal cord is made at the level of the second or third cervical vertebra, it is found that the sensibility becomes very quickly much greater in the parts of the body on the same side as the section, and on the contrary the parts on the other side becomes evidently less sensible.

7th. If after a section of a lateral half of the spinal cord at the level of the eleventh costal vertebra, another section is performed on the other side of that organ, at the level of the sixth costal vertebra, so that the two lateral halves are divided, then sensibility in most of the cases is lost, on both sides. Sometimes it retains a very slight degree of sensibility, more particularly in the posterior limb on the side where the spinal cord has been divided at the level of the sixth costal vertebra.

8th. If two sections of lateral halves are made as in the preceding experiment, but at a greater distance, one from the other, on the right side for instance at the level of the twelfth costal vertebra, and on the left side in the cervical region, nearly the same results are obtained as to the posterior limbs, but the sensibility is increased in the right anterior limb and it remains very evidently, but much diminished, in the left anterior limb.

9th. If a longitudinal section is made on the part of the spinal cord giving nerves to the posterior extremity, so as to divide that part into two lateral halves, then it is found that sensibility is completely lost in the two posterior limbs, although voluntary movements take place in them.

10th. If a similar separation of two lateral halves of the spi-

nal cord is made on the whole part supplying nerves to the anterior limbs, then it is found that sensibility is lost in both these limbs, and that it is only slightly diminished in the posterior limbs.

11th. If the same operation is done as in the preceding experiment, and afterwards if a transversal division is made on one of the lateral halves, in the place where it is separated from the other, then it is found that the posterior limb on the side of the transversal section remains sensible, and that the other posterior limb loses its sensibility.

These experiments prove very clearly that the sensitive nervous fibres are crossed in the spinal cord. The 9th, 10th, and 11th, demonstrate directly the crossing. In these experiments the crossed fibres are all cut, and sensibility is lost. This fact appears to prove that all the sensitive fibres cross each other; but it will be easily understood that on account of the loss of blood, and of the general diminution of sensibility produced by the excessive pain of the operation, if there are some fibres which remain without crossing, they are insufficient to give sensations.

As to the experiments consisting in transversal sections of a lateral half, they prove that sensibility is much diminished in the side of the body opposite to that of the section; consequently they prove also that there is a crossing of a great part of the sensitive fibres.

The fact that transmission of impressions made on one side of the body takes place, at least for a great part, in the opposite side of the spinal cord, is proved evidently by the eight first experiments, but much more by the 7th and the 8th experiments in which it is found that, after a section of a lateral half of the spinal cord, sensibility remains on the same side, and that it is nearly entirely lost after a second section of the other lateral half in another place.

If most of the nervous sensitive fibres are crossed in the spinal cord, then it is not exact to admit that the crossed paralysis of sensibility in cases of diseases of the brain, is explained by the crossing of fibres which exists in the pons varolii and in other parts of the encephalon. Many opinions have been proposed as regards the place where the sensitive nervous fibres make their crossing in the encephalon. According to some pa-

thologists, this crossing takes place all along the medulla oblongata, the pons Varolii, tubercula quadrigemina and the crura cerebri. In all these organs there is truly a crossing of fibres, but we do not know what are these fibres. Ch. Bell believes that the crossing of the sensitive fibres takes place in the posterior surface of the medulla oblongata, in a great part of the length of the fourth ventricle. Longet supposes that this crossing exists at the anterior border of the pons Varolii, where the two *processi cerebelli ad testes* cross each other.

My experiments prove that if there are some fibres coming from the trunk and from the limbs which do not effect their crossing in the spinal cord itself, their number ought to be very small. Therefore the fibres which are found crossed in the encephalon are not sensitive fibres coming from the limbs and from the trunk, as all physiologists have supposed they were.

My experiments were made on many different species; guinea-pigs, dogs, cats, sheep, and rabbits. In all the same results were obtained.

To ascertain the degree of sensibility, I used various modes of excitation; mechanical, galvanic, physical, (*i. e.* warmth and cold,) and chemical. I constantly compared the degrees of sensibility in the parts of the body situated behind the injured portion of the spinal cord, with the anterior parts of the body, and particularly with the face. It is thus that I have been able to ascertain the existence of an increase or of a diminution in sensibility.

Sometimes I have given chloroform to animals having had a lateral half of the spinal cord divided in the cervical region. I have found that complete loss of sensibility appeared at first in the parts of the body opposite to the section of the spinal cord, the head and neck, and at last in the parts of the body behind the section of the cord, on the same side. This experiment, as well as many others, prove undoubtedly that there is an increase of sensibility in these last parts. I will try in another article to explain this hyperæsthesia.

I believe I am entitled to conclude from the facts above related:

1st. That most of the impressions made on one side of the body are transmitted to the sensorium by the opposite side of

the spinal cord, so that the impressions on the left side of the body are transmitted by the right side of the spinal cord, and *vice versa.*

2d. That the assumed function of the crossing of fibres in the pons Varolii, and the neighboring parts, does not belong to these fibres, but to the fibres of the spinal cord, all along which they cross each other.

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CLINICAL REPORTS.

Pennsylvania College, Ninth below Locust street. Service of Professor GILBERT.

Reported by W. H. GOBRECHT, M. D.

Oct. 2d, 1852.—CASE I. *Contraction of long flexor Tendon of Thumb, and operation.*—The case now brought before the Class, is one which had been contraction of the flexor tendons of all the fingers and thumb of the right hand. The patient, Lydia T——, aged 16, a healthy looking young girl, states that about three and a half years since the contractile affection was first perceived, without any previous injury.

About twenty months ago, one or two black spots were noticed just behind the knuckles of that hand, which were attended with burning pain, and in two or three days the skin, thus marked, sloughed out. Then other similar spots followed in the course of the arm, and in the position of all such spots cicatrices are now to be found.

This contraction of the tendons is unlike either torticollis or varus, in which the deformity depends upon rigid atrophy of the muscle; but on the contrary it is spastic, and arises from an abnormal condition of the upper portion of the spinal cord, probably from chronic inflammation of the investing membrane, and therefrom results a derangement of the nervous supply. In support of this view, we find that the patient has extreme tenderness of the spine in the interscapular and cervical regions. If this irritation could be obviated, then the contraction would be relieved;

but attempts at this relief have been made without any evident effect. The tendons of the fingers were cut a year since by an eminent surgeon of this city, followed by great relief. The thumb was also operated upon by cutting most probably the anterior tendon of the flexor brevis pollicis, with additional relief, and a digitated iron splint had been employed to retain the fingers and thumb extended. The thumb has since then resumed its old position and its deformity has increased, so that whilst the fingers are flexile and extensile, the point of the thumb has been gradually and so firmly buried in the palm of the hand that ulceration has been set up attended with great and increasing pain, and notwithstanding a well stuffed pillow has been placed beneath the offending organ to obviate the pressure, its benefit is so small that the patient had some four weeks since a violent spasm of long duration, evidently the result of said pressure. An operation is now demanded for the patient's relief. Firstly, on account of the spinal irritation; secondly, because the hand is rendered totally useless from the position of the thumb across its palm, so that amputation of the thumb has been advised by a practitioner who has previously examined the case. But the intention of Prof. Gilbert is to save to the patient, if possible, this most valuable portion of the prehensile member, and therefore, it is proposed to continue the general treatment addressed to the nervous centres, or establish new as may be required, and to obviate the local difficulty, by the division of the long flexor tendon of the thumb above the wrist.

The operation was then performed as follows: The patient being seated, a small incision was made on the ulnar side of, and parallel with the tendon of the flexor carpi radialis, just above the anterior annular ligament of the wrist. A dull tenotomy knife was then introduced, and the point passed beneath the tendon of the flex. carp. radialis and radial vessels, being then turned edge downwards pressure was made against the bone and towards the radial side of the fore arm.

The dulness of the knife obviated any injury which might accrue to the median nerve by a sharply cutting edge from which it could not recede as from a blunted one, should they chance to come in contact.

On the complete division of the tendon the thumb was in-

stantly relaxed. The wound was then closed by an adhesive strip, and the thumb and fingers fully extended by means of the iron splint before used.

On *Oct. 6th* the patient was again presented to the class. She could extend the thumb perfectly, and flex it slightly voluntarily, probably by means of the flexor ossis metacarpi pol, which still remains, and perhaps the flexor brevis pol.

The constitutional means now prescribed were—

℞. Extr. Conii ℈j, ft. pil. No. xij. S. One thrice daily and two at bed time. Also the following anti-spasmodic tonic.

℞. Pulv. Cinchonæ Rubr. ℥j.
" Rad. Valerianæ ℥j.
" Sem. Cardamomi ʒj.

M. ft. chart No. IV. S. To each powder add half a pint of boiling water. Dose, two tablespoonfuls thrice daily.

To these we add the local application of creasote by means of a brush to the side of the tender portions of the spinal column, as a counter-irritant. By these means we may hope to obviate much of the existing trouble.

The patient left town in ten days after the operation greatly improved in condition; the thumb and fingers extended upon the splint.

Case II. *Enlarged Tonsils.*—These are apt to follow *repeated* attacks of quinsy or cynanche tonsillaris. If the inflammation of the tonsil is acute, pus generally forms and is discharged, the gland returning to its original size; but after frequent attacks, the subsequent chronic inflammation produces enlargement and hardening, obstructing deglutition, impeding respiration, and changing the voice. In such cases, before an operation is determined upon, we should wait until the natural color and general appearance of the fauces have been restored.

A variety of instruments has been employed for the removal of enlarged tonsils. (Here the combined scissors and forceps and every variety of the guillotine plan of instrument were exhibited.) The case presented was one in which a plan of treatment differing from that ordinarily employed in this country had been recommended to the patient by her former attendant. It was proposed to remove the tonsil by the wire *ligature* applied by

means of the canula. In this method of operating the instrument be worn three or four days, and the patient subjected to the tedious and unpleasant process of sloughing. The fear of hæmorrhage appears to have originated this treatment, but this is not to be much regarded if the tonsil be excised on a line with the lateral palatine half arches, without drawing it into the fauces. This patient was instantly relieved of the major part of the right tonsil by means of Fahnestock's guillotine instrument with but very inconsiderable venous hæmorrhage.

Case III.—In presenting to the class an interesting case of *Polypus Nasi* with the operation, Prof. Gilbert made the following prefatory remarks:

Nasal polypi are tumors of one or both nasal cavities, which if allowed to remain, will increase and block up the affected nostril, and displace the septum narium, thus obstructing the other nostril, while the continued growth may produce deformity of the cheek, prevent the passage of the tears by pressing on the nasal duct, and perhaps cause even death by pressure on the brain.

Polypi may be divided into 1st, *The Soft*, which includes 1. The *Mucous* polypus, of which kind Dr. G. removed twenty four of small size from a patient at one sitting. 2. *Encysted*, which is a modification of the mucous.

2d. The *Hard*, which includes—1. The *Fibrous*, the base of which is broader and firmer than the mucous polypus, and arises probably from the periosteum. 2. *Fleshy*, or sarcomatous, containing a larger number of vessels. 3. *Malignant* or *Medullary*, which may be so per se, or by a degeneration of the fibrous variety.

The case of polypus before the class is supposed to be of the *Fibrous* description. The patient, J. P——, an Irishman, aged 36, a laborer, states that about six years since his nose became affected, and that ever since that timehe has experienced gradually increasing difficulty in breathing, up to about a year and a half back, since which time he has had no use of either nostril in the performance of respiration, except perhaps a very little on rising in the morning. Constant head-ache troubles him and

stillicidium lachrymarum is present. The nasal bones and nasal processes of the superior maxillaries are expanded, and the latter encroach on the orbit in such a manner as to evert both eyes, giving to the patient the appearance presented by a case of double divergent strabismus, as is shown in the accompanying cut from a daguerreotype by Laughlin.

It will here be seen that the lower part of the nasal bones form the upper part of the arch of the large tumor, which thus occupies the centre of the face, terminated above by the comparatively narrow bridge and below by the contracted apex of the nose.

The nostrils on examination are found filled with a resisting, soft, organized substance. Evidently large polypi.

In diagnosticating the variety of polypus with which we have to deal, we must act somewhat upon the method by exclusion, thus: The disease cannot be of a malignant nature, inasmuch as there is no cachexia. It has lasted for six years, with no inconvenience except its increase. There is no offensive discharge, and the polypi do not bleed. The affection must therefore be *benign*. The polypi are probably not of the mucous or encysted kind, in-

asmuch as there has been no extension into the pharynx, or far anteriorly, as is here usually the case. It is thus most probably of the fibrous character, and the tumors are no doubt firmly connected with the periosteum of the turbinated bones.

Preparations were therefore made for the performance of an operation on the most extensive scale. Bone nippers for enlarging the cavities were at hand, should it be deemed necessary, and an extractor, with a joint on the plan of the obstetric forceps, was constructed for the occasion, so that the blades might be introduced separately, and when the tumor or tumors had been grasped, the handles brought together and the ordinary torsion then effected. The means for plugging the nares were of course present.

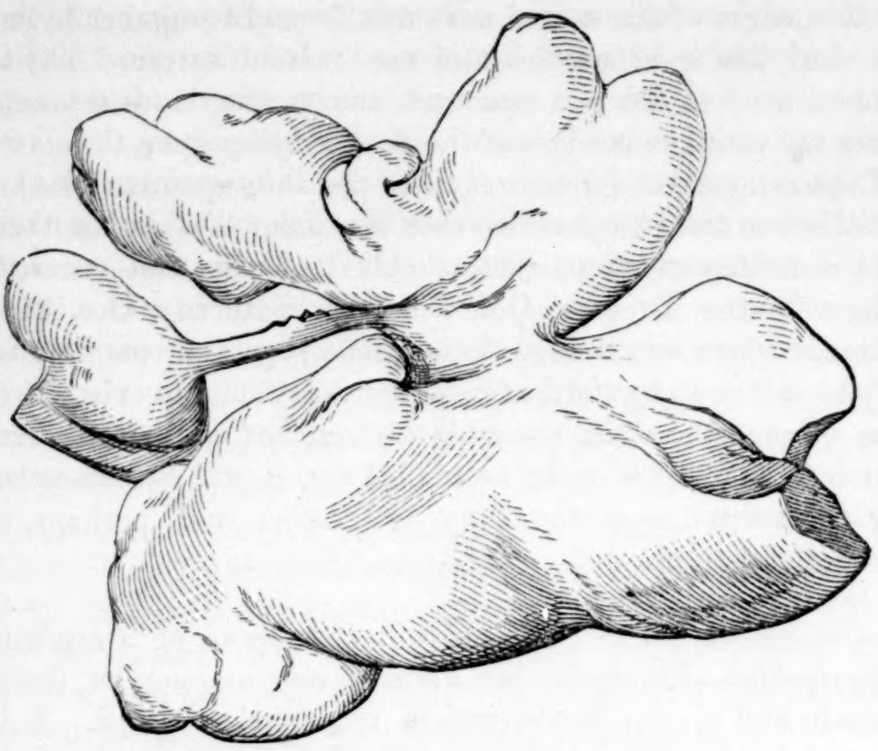
The patient having been seated, an incision was carried from the lower extremity of the nasal suture to the tip of the nose and down to the centre of the septum. A long, sharp-pointed bistoury was then introduced into the left nostril and made to emerge at the commencement of the first incision, then by a downward and forward cut, following the track of that incision, the nostril of the same side was laid open. The right was treated in a corresponding manner. Large polypous masses were thus exposed, and the prepared forceps were introduced into the right cavity. After the breaking up of a few smaller masses and several ineffectual attempts at the larger one, a double lobulated tumor with a central plate of bone was with some difficulty withdrawn.

This mass is figured of life size. [*See next page.*]

It presented very much the shape and size of two large oysters connected firmly together, containing various large and small sacs which discharged a greater or smaller amount of flaky, whitish pus.

One or two smaller polypi were now extracted and, several small plates of bone came away attached to their bases.

On now examining the left nasal cavity an encysted polypus was broken up, out of which gushed about two drachms of pus, and then one or two smaller polypi were extracted; on examination with the finger it was found that the lower part of the vomer had been pushed so far into this cavity that it was almost completely occluded, so that but few polypi here existed, this nostril being in great part only secondarily obstructed.



The right posterior naris was then plugged by the following simple and ingenious method:—ordinary bonnet wire of about 30 inches in length (such as is used by milliners to stiffen the bows of bonnets,and which can therefore be obtained at a moment's notice, when the more beautiful but less easily transportable canula of Belloc is not at hand) was doubled upon itself, passed into the anterior nares, and on appearing posteriorly it was seized by the forceps and drawn forward; the plug of sponge was then introduced within the loop of the double extremity and the wire twisted upon itself in such a manner as to firmly secure the tampon, which was then,—first having attached a cord to it by which it might, if necessary, be withdrawn by the mouth,—brought up against and into the posterior naris which it firmly closed; another sponge, in ordinary cases, is then placed against the anterior naris, and the free ends of the wire knotted strongly upon it, when the cavity is effectually deprived of any external communication; but here, in consequence of the anterior incisions, no such pressure could be employed, and consequently adhesive straps had to be relied on. The left posterior naris did not require to be plugged.

The edges of the wound were now brought together by means of four fine gold needles and the twisted suture. The three upper needles did not penetrate the cartilaginous septum, but only the contiguous edges of the flaps, relying upon the elasticity of the integument for the requisite pressure upon it. The lowest needle was made to pass beneath the point of the nose through the right flap and the septum. All these pins were removed on the following Tuesday, Oct. 5th. On Saturday, Oct. 9th, the threads which surrounded them came away, and complete union of the soft parts by the first intention was found to exist. Breathing through the right nostril is perfect, but not quite so free in the left, and this is to be accounted for, it will be remembered, by the existence of the bony obstruction, and, perhaps, some concealed polypi.

October 6th.—CASE IV. *Cellulo-Cutaneous*, or *Phlegmonous Erysipelas.*—Erysipelas is a diffused inflammation of the skin, or skin and areolar tissue, with a tendency to spread. It is of several kinds; but of the form under consideration we shall merely state, that it extends from the integument down to the subjacent areolar tissue, and thence communicates itself to the muscular and tendonous investments. Abscess may then form and extend itself; depression of the vital powers ensues; sloughing of the tissues with a discharge of ichor and thin sanious pus, and frequently death may result.

In the case presented, an adult male, who appeared for treatment upon Wednesday last, and was seen by many of you at that time, the back of the right hand was immensely swollen, tense and red, as were also the parts about the metacarpo-phalangeal articulation of the thumb. This redness and swelling had extended up the arm, and seemed disposed to spread. *Creasote* (pure) was applied over the entire inflamed surface, by means of the camel's hair pencil, and a poultice ordered, inasmuch as an abscess seemed almost inevitable. Upon the third day—namely, October 2d, he re-appeared, and the irritation and swelling, by the counter-irritant action of the creasote, had greatly diminished. The creasote was then re-applied, and the poultice continued. To-day, Oct. 6th, we find nearly all the pain and redness gone; the swelling greatly diminished, as

shown by the wrinkling of the skin, and all fears of an abscess have vanished. We now re-apply the creasote which has at no time given him very great pain, expecting to find him, at his next visit, perfectly relieved, having only, perhaps, some remaining stiffness of the joints.

The case in point demonstrates most satisfactorily the value of pure creasote, as a local application, in the treatment of erysipelas.

Case V. *Exomphalos, or Umbilical Hernia.*—This may be either *congenital* or *non-congenital.* In the former, the intestine or omentum is protruded into the umbilical cord; it is to be recognized by the abnormal enlargement of this structure, the extruded substance forming a conical tumor within it, near to the umbilicus, and for this occurrence we must be constantly on our guard. In the non-congenital, occurring generally in the infant, as in the present case, the tumor forms gradually from some such cause as has here operated. These herniæ may be either reducible or irreducible, but are seldom strangulated.

Francis M'C——, aged 11 months, was now presented, with the following history drawn from the statement of the mother. A tumor appeared at the umbilicus at about six months after birth, which seems to have arisen from muscular exertion, since the child was in the habit of implanting his heels firmly against any resisting body, as the knees of his nurse, and throwing his head and shoulders strongly back, and thus, by extending the spine, projecting the abdomen; the resistance of its muscular walls then acting forcibly on the contained viscera, a part were extruded gradually at the weakest dilatable point. By pressing upon the tumor it is easily reduced, and must be retained by means of a small semi-globular mass of wood, wrapped with narrow bandage, to increase its bulk and render it soft and equable in its pressure; this is placed over the weakened point in the abdomen, and retained by a circular bandage thrown about the body of the infant. This pad must be worn for some nine or twelve months, until the growth of the surrounding tissues has obliterated the abnormal opening.

Case VI. George W——, aged 12, had both tonsils removed by means of Fahnestock's instrument.

Case VII. *Cataract.*—Prof. Gilbert remarked that cataract

may be either idiopathic or traumatic, and then proceeded to describe its varieties, together with the immediate causes of the disease and its effects. The different methods of operation for its relief were then detailed, illustrated by a variety of large diagrams. In the case presented, which was of the *soft* variety, of the left eye, occurring in an adult German, male, aged about 40, Prof. Gilbert preferred the form of operation known as Keratonyxis, in which the needle is introduced through some part of the cornea, and made to reach the obstructing lens through the anterior chamber of the eye. This method is perhaps best employed in first operations, where absorption is desired. We may thus effectually lacerate the capsule, the whole of the needle being visible during the entire operation, and all danger of wounding the ciliary body avoided.

The pupil was previously well dilated by means of a few drops of a solution of Atropia, gr. i. to f.ʒiv aq. destil., placed on the conjunctiva some 15 minutes before the time of operating. The instrument employed was the plain sewing needle No. 10, held in a porte-aiguille, and introduced about an eighth of an inch from the sclerotic margin, into the cornea, and passed to its destination as before directed. The lens was effectually broken up and partly discharged into the aqueous chambers.

October 20th. The solution of the lens is reported as progressing favorably. The needle may require another introduction after several weeks have elapsed.

October 9th. CASE VIII.—*Obstruction of the Nasal Duct with Chronic Inflammation of the Lachrymal Sac of the right side.*—Mary W——, married, aged about 35, has been troubled with this affection for now nearly six years. It commenced with weakness of the eye, which was constantly watering; not from a morbid secretion of tears, but from their inability to pass into the nose which was dry; a small tumor then appeared at the inner canthus, and a slight, muco-purulent discharge, which she was first enabled to pass down into the nostril by pressure on the distended lachrymal sac constituting the tumor, now made its appearance in the eye, by regurgitation through the canaliculi. Intercurrent inflammations of the nose and eye were also frequently set up, and the cheek became excoriated by the irritation of the stillicidium lachrymarum.

The sac had been once opened for her relief, but it had closed again, the obstruction returning, to have which removed she has now applied to us.

This condition of things, then, most probably, in the first instance arose from chronic inflammation of the mucous membrane of the lachrymal duct, which resulted in its thickening from the effusion of lymph, between it and its bony walls. Now since the expansion of these is impracticable, the new matter deposited only served to approximate more nearly the internal surface of the membranous parietes of the duct, until, eventually, total occlusion of the passage followed. The natural flow of the tears being thus gradually prevented, acute inflammation of the sac resulted from the stagnation of its distending saline liquors, increased secretion of mucus, and then a pus formation eventuated, and this regurgitating muco-purulence is kept up by subsequent chronic inflammation.

The intercurrent inflammation of the nose resulted from its unaccustomed dryness, or by continuous sympathy—that of the eye from the irritant pus or also by continuous sympathy,—and the excoriation of the cheek was caused by the constant stillicidium lachrymarum as before stated.

The same general cause of symptoms doubtless resulted, upon the closure of the sac after the first operation for its relief.

There is now a daily danger, from the condition of the sac, of a return of acute inflammation, when fistula may result by ulceration from internal pressure on the walls of the distended and occluded cavity. To obviate this, we shall endeavor to re-establish the communication between the eye and nose by the proper operation. This was then performed in the ordinary way. The patient being seated, the tendo-oculi was made tense, the point of the bistoury passed into the sac, and being then directed downwards, outwards, and a little backwards, was made to enter the nose through the duct; a probe was then introduced just before, and whilst the bistoury was withdrawn to render its clearance certain. A wax bougie was passed into the duct immediately upon the withdrawal of the probe; this is to be allowed to remain for several days until the irritation of the parts has subsided, when the style will be substituted. An adhesive strap retains the bougie in its proper position.

On October 16th the case was brought before the class for the second time, and as the irritation resulting upon the operation had totally subsided, the silver nail-headed style was introduced; by it the tears will be enabled at first to reach the nostril, by the capillary attraction exerted in the linear space between the style and the duct walls, and afterwards by the larger space produced by the absorption of the effused lymph, by the pressure upon the membrane thus exerted after the manner of the treatment of any stricture.

A cure may result in from three to six or nine months according as the case may be amenable to treatment. The style must be removed occasionally, cleansed and returned.

A case of *Large Tumor of the superior maxillary bone* of the right side, in a female was then exhibited and some history of it given. The patient will be operated upon on 23d inst.

October 13th. Cases IX. X. and XI.—Two cases of *amputation of parts of the hand*, from injuries received by circular saws, were exhibited, their histories related, and the effect of the proper treatment, with the progress of the cases, brought to notice, and this great principle of action in these cases enforced, viz: *the necessity of saving all that we can.* Cold water dressings were first employed, followed by cerate and the occasional use of argent. nit., to repress fungous granulations.

Contrasting with these, a case of *amputation of all the toes of both feet,*—which was performed in consequence of the sloughing of the majority of these organs from frost-bite, where the already impaired capillary vessels were further impaired by the supervention of typhus fever,—was next exhibited. Here it was distinctly shown that where the *majority* of the *toes* are to be removed from whatever cause, *all should be taken away*, in order that the base of the column of support may be firm and unwavering. The same treatment was here pursued as in the former cases. The anæsthetic mixture of ether 2 parts, chloroform 1 part, was employed in each of the three cases.

Case XII. In a female aged about 50, a tumor of the size of a hazel-nut, most probably of a commencing malignant

character, situated on the inside of the left cheek, was removed with a tenaculum and scapel.

CASE XIII.—A small *fibrous sub-integumental tumor*, just below the inner canthus of the left eye, (in an adult, Patrick M'G——,) of about the same size as the preceding, was removed with the scalpel by two elliptical incisions—the edges of the wound being approximated by two fine gold needles and the twisted suture. Some ectropion was produced by this proceeding, which it was supposed would be obviated by the stretching of the extensible integument.

16*th*. On presenting the case to-day, as the lips of the wound were found firmly adherent, the sutures were removed. The slightest possible shade only of eversion was perceptible—the lid will doubtless resume its proper position without delay. On the 20th, perfect union had ensued, and the lid was still improving.

CASE XIV.—*An encysted tumor* was removed from the back of the neck of an adult male aged about 40, by a longitudinal incision, two inches in length, immediately over it. The contents of the cyst, of a cheesy character, were discharged, the sac dissected out, and the wound closed by several adhesive strips.

October 16*th*. CASE XV.—*Enlarged tonsils* were removed. from a child aged five years. Prof. Gilbert has performed the necessary operation on a child aged only three and a half years.

CASE XVI.— *The mid-finger of the right hand was removed* with the phalangeal extremity of the metacarpal bone as a remedy for obstinate flexion, rigidity and partial dislocation, from contraction and adhesion of the concerned tendons, the result of abscess. It was done at the request of the patient, a woman engaged in a laborious pursuit, who was incapacitated for her business by its persistence.

On the 20th it was dressed before the class, but the adhesive strips with which the wound was closed were untouched. There had been a little oozing of blood and the nervous symptoms resulting from the operation had demanded a decided anodyne.

Cases XVII. XVIII. XIX.—*Three cases of morbus coxarius*, each presenting one of the three different stages of this affection, were now presented, with appropriate remarks on the disease and its mode of treatment. The paramount indication in these cases was stated to be *quiescence of the joint.* For this purpose Dr. Physick recommended a carved splint. In these cases, in the first and second stages, splints made of binder's board, softened by moistening, and then accurately adapted, from the eighth rib to the knee of the affected side, were provided. These must be worn for a period of nine months at least, probably in the worst case for twelve or fifteen months. For the emaciation in the case in its second stage, the cod liver oil in desert spoonful doses was prescribed.

October 20th. Case XX.—*Tumor of the metacarpal bone* of the little finger, was presented as occurring in a boy of twelve years a pupil of Girard College, following upon fracture of the bone, angular union and a consequent exostosis on the palmar aspect.

Case XXI.—*False anchylosis of the elbow* of a child, aged five years, Francis F——, resulting upon a scrofulous abscess about the joint, was exhibited, and the treatment detailed, both general and local.

Case XXII.—A case of *Hernia Infantilis*, non-congenital, but occurring at the sixth month, in a child aged two years, was shown, the nature of the disease explained, and a truss applied.

Previous cases were also shown and dressed—as was also some on every preceding Clinical day.

BIBLIOGRAPHICAL NOTICES.

On Syphilis, Constitutional and Hereditary; and on Syphilitic Eruptions. By ERASMUS WILSON, F. R. S., Author of "A Treatise on Diseases of the Skin," etc. *With Four Colored Plates.* Philadelphia: Blanchard and Lea, 1852. 8vo. pp. 284.

This book has considerable pretensions on the score of originality, the author having, he states, "confined himself strictly to his own experience, and limited his remarks to observations made with his own eye." His work appears "as an arranged series of cases, representing the subjects of his inquiry, and the sources of his conclusions." He particularly claims to have placed the subject of syphilitic eruptions "upon a more correct basis than that on which they had previously stood," and attempts to establish that there exists in fact "but one *eruption*, and that the apparent differences in the character of the cutaneous affection [of syphilis] are the simple consequence of modification of development of that eruption, a modification depending for the most part, on time, treatment, and the temperament of the patient."

Dr. Wilson's views on the general subject of syphilis appear to us in the main sound and judicious, and we commend the book as an excellent monograph on the subject. But, while we are prepared to go very far with him, in estimating the consequences of the syphilitic contamination upon the human system, we cannot but consider that he has much overcharged the picture of its effects, and has been led into great exaggerations. It is certainly going far to assert, "that the tenacity of the syphilitic poison to the human organization cannot but lead to the conclusion that, once admitted into the blood and tissues of the body, it remains there for life. It may not manifest its presence by any outward sign, but this cannot be received as an argument against its existence; . . . . . and should the individual escape, his children may suffer sooner or later; and I am firmly of opinion, that the powers of the poison may be manifested after the lapse of several generations." And, again, "the poison of syphilis is of a most enduring kind; once received into the blood, it remains there for years, and possibly—indeed certainly—for the rest of existence." "A person possessed of this poison is capable of

conveying it to another; and if that other be his wife, he may, through her means, convey it also to his child." "The infected wife must remain infected as long as she continues to live; and, by a parallel reasoning, the infected child must remain infected until death!" There is something really appalling in these doctrines, involving, as they almost do, the final *syphilisation* of the whole human race. And, indeed, they are apparently contradicted by the author himself, who, in his chapter on treatment, certainly implies his frequent successful elimination of the syphilitic virus from the human system.

He traces, also, to "that widely spread, that almost universal, animal poison, syphilis," various disorders not usually connected with it. "Lupus, Kelis, and Lepra and Psoriasis are forms of cutaneous disease, all having their original source in syphilis, all maintaining a relationship in different degrees of remoteness with that disease, and all, therefore, falling into the category of hereditary syphilis." And scrofula, too, is assumed to owe its orign to the syphilitic poison." "Is NOT LUPUS, SYPHILIS?" Dr. Wilson asks. "Lupus is scrofula; and what, we might ask, is scrofula? Is SCROFULA, SYPHILIS?" And, in another place: "A considerable portion of those diseases, which pass under the name of Scrofula, are the produce of the syphilitic poison—are, in fact, not scrofulous, but syphilitic." In short, we rise from the book, almost with a doubt if every thing morbid is not syphilis, and all mankind doomed to the inevitable contamination.

Notwithstanding, however, this disposition to overstrain his subject, Dr. Wilson has presented us a very faithful and lucid description of syphilis, and has cleared up many obscure points in connection with its transmissibility, pathology, and sequelæ. His facts and inferences will, we are satisfied, be received as decisive in regard to many *questiones vexatæ*. They appear to us entitled to notice at some length.

First, with respect to the *transmission* of the syphilitic poison. Dr. Wilson thinks that it may be communicated by the natural secretions of a person who has been contaminated, though, "to all appearance cured of the consequent diseases,"—"without the presence of a primary disease in the infector, or the intervention of a primary disease in the infectee." Numerous cases —many very strong ones—are detailed in apparent confirma-

tion of this view. As far as regards the transmissibility of actually existing constitutional syphilis, our opinions are in accordance with the author's. And we believe him also to be right in the subjoined speculation:—

"The recognition of the contagion of constitutional syphilis, will go far to explain a circumstance which must have fallen under the observation of every unprejudiced investigator of the syphilitic poison and its manifestations, namely, the occurrence of syphilitic eruptions and other symptoms of constitutional syphilis after gonorrhœa. When we see a man perfectly free from any primary symptoms of disease, communicating syphilis to his newly-married wife, by his secretions alone, can we doubt the possibility of a similar result accruing from a syphilitic secretion poured out by the mucous membrane, as happens in gonorrhœa? I do not say that every gonorrhœa is syphilitic; on the contrary, I know that few are so, but those few have as much the power of transmitting syphilis as an undoubted chancre. I am led to make this observation, because, in numerous instances of syphilitic eruptions which have come under my notice, I have been told that the patient has never suffered from any other form of venereal disease than gonorrhœa, and this has been used as an argument against the possibility of a resulting constitutional syphilis. It is an argument which should be received with distrust."

In connection with primary syphilis, we may note the author's opinion, that sloughing and phagedænic chancres are rarely followed by constitutional symptoms, "the excessive local action which occurs in them seeming to destroy the virus-forming process which would have otherwise have been set up. The calm and natural action present in the simple chancre, being favorable to development of the virus, renders it more dangerous as a source of constitutional infection." The indurated chancre "is invariably followed by constitutional syphilis; indeed is itself a manifestation of constitutional action; in other words, the induration is a constitutional affection superadded to the primary disease."

The syphilitic poison, if introduced into the blood, excites in that fluid an action "which results in the ejection or elimination of the poison."

"The symptoms which may be selected as pathognomonic of syphilitic fever are: mental and nervous depression and prostration; congested fauces, with sore-throat; congested and muddy conjunctiva; congested and discolored skin, the congestion being partial or general, and assuming the form of an eruption; and, added to these, neuralgic pains."

In this combination of symptoms the author sees a resemblance to the fevers usually termed exanthematous, ... the syphilitic fever being considered a *chronic* exanthema, while the others are *acute.*

In the effort on the part nature to eject the noxious poison from the blood, the superficial membranes chiefly suffer.

"The syphilodermata, or syphilitic eruptions of the skin, present two principal forms, the one being simply congestive and unattended with elevation of the skin; the other, presenting the obvious feature of elevation. To the *non-elevated* group belong roseola, syphilitic maculæ, and erythema; to the *elevated* group, the small pimples of lichen and the larger pimples or tubercles of tubercular syphilis. These differences are, however, more apparent than real, and may be regarded as stages of development of the same disease. Roseola, by an easy gradation, is converted into lichen, or tubercular syphilis, and these latter, by simple subsidence, become syphilitic maculæ.

The period, at which the roseolous rash makes its appearance, is between six and nine days after the development of the primary disease. The lichenous eruption occurs with more irregularity as to the period of outbreak,—usually in delicate subjects or under circumstances of exposure. "The tubercular eruption differs from lichen only in the size of the little elevations which give it its specific characters."

As regards the "copper color" of syphilitic eruptions, according to Dr. Wilson,

"The copper color represents in fact, a declining stage of the eruption, when the congestion is subsiding, and the yellow stain of the altered fluids of the skin shines through the purple of the blood. The 'copper color,' therefore, may have a greater or less amount of red or yellow in its composition, and be either a reddish copper color or a yellowish copper color.

As the copper color represents only a stage of the eruption, that eruption having probably passed through the tints of dull-red, and dull purplish-red, before it reaches the reddish-yellow brown of copper color, it is clear that the term is objectionable when taken as a pathognomonic sign of a syphilitic eruption. For, if we see the eruption at any other period than that of its decline, the characteristic tint is absent."

Numerous varieties are described of tuberculous syphilis.

As regards vesicular syphilis, the author has "never seen a case of constitutional syphilis deserving of a place under this

head." Indeed, he can hardly conceive the eruption of syphilis to assume the character of eczema or herpes.

"The only eruption coming strictly under the denomination of *pustular* syphilis, is rupia. . . . Other forms of pustule must be considered as instances of suppurating papules and tubercles."

Rupia forms "a natural link of transition from the superficial ulcerations of syphilitic tubercles, to those deep, unhealthy, and often sloughing ulcers, which may be distinguished, *par excellence*, as syphilitic ulcers."

Syphilitic tumors, (*tubercula gummata*,) Dr. Wilson considers to result from the modification of syphilis by time.

"They seem to deserve a place by themselves under the title of 'chronic syphilis;' or, if it be preferred, tertiary syphilis. In their hardness they remind us of cancer, and are very likely to be mistaken for that disease. When they ulcerate, ulceration takes place very slowly, and generally on one side, while by the other they continue to grow; hence the ulcer has more or less of a horse-shoe form, and the tissues over which it has passed heal, but leave an indelible cicatrix. The ulcer is slowly destructive, and exhibits no tendency to granulate; sometimes it dissects out certain tissues with great neatness."

Besides these general effects of the syphilitic poison on the skin, the author describes many others, which are local or partial; "such actions being either present as symptoms among the general phenomena, or having an independent existence." They are alopecia and other affections of the hair, affections of the nails, affections of the hands and feet, (termed by him erythema palmare et plantare, though "generally going by a name to which they are by no means entitled, psoriasis,") condyloma, affections of the mucous membranes, affections of the tongue, affections of the nervous system, and, lastly, of the periosteum, ("much more rare at the present day than in times past.") On the subject of these "local action of syphilis," the author keeps very much the old track, and we notice little that claims special attention.

The views entertained by Dr. Wilson on *congenital* and *hereditary* syphilis, we have already adverted to as extreme. That "the transmission of the poison of syphilis from parent to offspring is a fact so well established that no argument can be ne-

cessary to give weight to its truth"—we entirely admit. But the assertion, "that the syphilitic poison once received into the blood remains for life,"—after its pathognomonic symptoms are apparently cured—and that it is transmitted hereditarily from generation to generation, we cannot but characterize as an opinion unsustained by facts, and fraught with ill tendencies.

On the subject of treatment, Dr. Wilson's views appear to us to comprise a thoroughly rational and judicious scheme. The *abortive treatment* he of course lays down as the only alternative, as soon as possible after the development of a suspicious pimple or sore upon the organs of generation. In the selection of a caustic application, he gives the preference to potassa, or potassa cum calce, (Vienna paste.) Nitrate of silver, or nitric acid, he considers perfectly useless; "the morbid tissues are not confined to the actual surface, they extend probably to the depth of a line, and the nitrate of silver affects the surface only."

With respect to the constitutional treatment of primary syphilis, Dr. Wilson very reasonably holds, that, if the abortive treatment have been effectually carried out, so soon as the effects of contagion become evident on the organs of generation, there is no longer any poison, and no necessity for internal treatment. As it rarely happens, however, that the surgeon is called upon to treat a venereal sore, until it is several days old, there is more or less chance that the poison has infected the blood, and proper means must be taken to expel it from the system. Mercury is the chief agent to accomplish this, "the great antidote of syphilis," "and for the simple reason," according to Dr. Wilson, "that mercury alone possesses the power of acting upon all the emunctories of the body." Probably, also, it exercises a direct antagonistic or antidotical action upon the poison in the blood.

The author does not urge a mercurial course to the point of salivation; he would, however, keep up a gentle mercurial action for some days after the healing of the ordinary primary sore. In the case of the indurated sore, it must be continued as long as any induration remains; the indurated sore being "a local disease, plus a constitutional disease, a secondary action superadded to a primary disease." To the inflammatory and phagedænic sores, mercury is inapplicable; they must

be treated according to the common principles of surgical medicine.

The constitutional treatment of common primary sores may be considered rather as preventive of absorption than as curative. "In constitutional syphilis, however, we have no longer to deal with a possibility of absorption of the poison; the poison is in the blood, and our treatment must be directed to its removal." A mercurial treatment is here indispensable, though dietetic and medicinal adjuvants are not to be lost sight of. Dr. Wilson usually selects the biniodide of mercury in the treatment of constitutional syphilis, giving blue pill, however, the preference in the primary form. He bears testimony to the value of sarsaparilla as a remedy well suited to act on the depurating organs.

A single attack of secondary symptoms does not exhaust the manifestation of the presence of the syphilitic poison in the blood. But "as the attacks of constitutional syphilis become further removed from the original contagion, that is, as the poison becomes more and more assimilated, mercury seems to lose its influence." In a second attack, the biniodide of mercury may retain its power; in the third, the bichloride is prescribed; but in the fourth and successive attacks, the iodide of potassium. In the *chronic* or "tertiary" forms, "mercury is not only inadequate to the removal and cure of the disease, but is actually injurious; it is at this period that iodide of potassium takes the lead as an anti-syphilitic remedy." The nervous complications, syphilitic neuralgia and rheumatism, "yield rapidly and completely" to this medicine; and for affections of a still later period, involving deeper structures of the body, as the fibrous tissue of the penis, the periosteum and bones, it is emphatically the resource. The iodic remedies are not, however, to be pushed after they irritate the system.

We pass over the author's local treatment of the syphilodermata. In congenital syphilis, he considers "the safest practice to be to give mercury to the mother as well as the infant; taking care to moderate the dose to such a degree as not to check or injure the secretion of milk."

On the subject of hereditary syphilis, his views of treatment are in consonance with his pathological doctrines.

"After the age of infancy, congenital syphilis gradually merges into what may be termed hereditary syphilis. The infantile syphilis gets well, but several months or a year afterwards, it breaks out again. Sometimes, however, the patient has been free from any indications of syphilis in his infantile age, the first manifestations of its presence in the system being delayed to the period of advanced childhood, puberty, or adult life. This more properly constitutes hereditary syphilis.

The kind of syphilitic disease now under consideration, in its more recent forms yields without much difficulty to the bichloride of mercury; when more advanced, the iodide of potassium is a useful auxiliary; and in a more distant remove, the combinations of iodine, mercury, arsenic, and cod-liver oil, become valuable remedies."

For the Esthiomenous affections of the skin, which Dr. Wilson attempts to trace "to the syphilitic poison in a distant remove from its original source,"—"a class of diseases essentially refractory,"—he claims the discovery of a correct principle of treatment; "the treatment by alterative doses of mercury." In his hands,

"This treatment has been most encouraging and most successful. They have yielded before the antisyphilitic treatment, as if 'syphilis' were stamped upon them in printed characters; and they certainly belong to that category of diseases which, treated by syphilitic remedies, are to be relieved and cured; but which treated in any other way are not only incurable but often destructive of life."

We have perhaps been somewhat prodigal of space in our abstract of this book. But it is certainly a very good resumé of received opinions on syphilis, and presents many original and striking views on the subject.

Transactions of the Twenty-Ninth Annual Meeting of the Medical Society of Virginia, together with the President's Annual Address and the Constitution of the Society. Richmond, 1852.

The Transactions of the Medical Society of Virginia, which met at Richmond, in April last, appear to have been of considerable interest. The subject of medical education, and, in particular, the establishment by law of a State Board of Medical Examiners, occupied much of the attention of the Society, and elicited animated discussion. It would seem that the Society leaned so far to the interest of the Schools, as to refuse to recommend to the

Legislature the *unqualified* establishment of a State Board of Examiners, but suggested "the propriety of requiring as a condition precedent to every examination, that the applicant shall have been graduated in medicine, or shall have attended two full courses of lectures in some respectable medical College." Drs. Tucker, Atkinson, Haskins, Worsham and others took part in the debate on this question.

The Address of the distinguished President of the Society, Dr. Beverley R. Wellford, of Fredericksburg, is a very forcible argument in favor of reform in our system of medical education. Dr. Wellford has been one of the pioneers in this cause, and we are gratified to find him still lending his high name and earnest eloquence to its advancement.

The History, Diagnosis, and Treatment of the Fevers of the United States. By ELISHA BARTLETT, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York; member of the American Academy of Arts and Sciences; Author of an Essay on the Philosophy of Medical Science, &c. &c. Third edition, revised. Philadelphia; Blanchard and Lea. 1852.

Clinical Reports on Continued Fever, based on Analyses of one hundred and sixty-four cases; with remarks on the Management of Continued Fever; the identity of Typhus and Typhoid Fever; Relapsing Fever; Diagnosis, &c. To which is added a Memoir on the Transportation and Diffusion by Contagion, of Typhoid Fever, as exemplified in the occurrence of the disease at North Boston, Erie Co., N. Y. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine, in the University of Buffalo, and Editor of the Buffalo Medical Journal. Buffalo: Geo. H. Derby & Co. New York: Geo. P. Putnam, 10 Park Place. Chicago: D. B. Cooke & Co. 1852.

This third edition of Dr. Bartlett's excellent treatise on the fevers of the U. States brings the subject down to our own time. Commencing with typhoid fever, the perpetual continued fever

of the United States and of most temperate climates, he enters fully into its symptoms and mode of treatment. The symptoms of typhoid fever have been as well studied as those of any other disease, and are well detailed by Dr. Bartlett, and indeed have been so carefully described by Dr. Louis, that subsequent writers have had comparatively little to do but to repeat his graphic delineations of the disease. The method of treating it the author gives in extenso, including under separate heads the modes pursued by the different physicians who have written special treatises upon the disease.

Typhus fever is also described at large and is admitted by the author to be a disease different in character from typhoid fever, the absence of the characteristic lesions of the latter disease as well as the difference in symptoms establishing the diagnosis between them. The two diseases at times, however, approach each other very nearly and are closely allied; perhaps they are sometimes found united, that is, the same patient on some rare occasions has some of the symptoms of typhus and some of those of typhoid fever.

Dr. Bartlett next proceeds to the subject of periodical fevers, including intermittent, remittent, and congestive fevers; these are well described and the modes of treating them accurately pointed out. He finishes his work with yellow fever, which of course he is not able to delineate from his own observation, but he has given a very good analysis of the symptoms drawn from the histories of the disease published by different observers.

The reports by Dr. Flint of Buffalo include many points of interest to be added to the history of these diseases. It is of course a less perfect treatise than that of Dr. Bartlett, but contains many useful facts produced from his own experience. It forms an interesting volume for those who are engaged in studying these diseases, although not affording a complete history of them. Amongst the series of detached essays it contains, is one on the contagion of a set of cases of typhoid fever, which he considers to be very clearly shown. In our own experience, we have never seen any facts of the same character, but they have been so often stated by different observers, that we have no doubt that the disease may be sometimes, although very rarely, contagious.

Curiosities of the Microscope, or illustrations of the minute parts of creation, adapted to the capacity of the young, with colored illustrations. By Rev. J. A. WYTHES, M. D. Philadelphia: Lindsay & Blakiston.

This is a neat little volume, very prettily gotten up, and containing much to interest those for whom it is intended. It scarcely comes within the range of a medical journal, however, though it presents much to attract those to whom it is addressed.

THE MEDICAL EXAMINER.

PHILADELPHIA, NOVEMBER, 1852.

THE MEDICAL SCHOOL OF PHILADELPHIA.

It gives us great pleasure to state that an unusually large class of students is in attendance at the various institutions, which compose the great medical school of Philadelphia. The benches of the University, and of the Jefferson College, are both crowded to overflowing, and a very marked and decided increase is noticeable in the numbers at the Pennsylvania Medical College.

In connection with the University, the point of chief interest during the present session has been the début of the new Professor of Chemistry, Dr. ROBERT E. ROGERS, who fills the chair vacated by the death of his lamented brother, Dr. JAMES B. ROGERS. Dr. Rogers has proved a most impressive lecturer and effective teacher, and has well maintained the high reputation which accompanied him from the University of Virginia. His course elicits unqualified satisfaction from the class, and his appointment cannot fail notably to promote the interests of our Alma Mater.

The present session at the Jefferson College bids fair, we believe, at least to equal in success the brilliant career of the last and previous years. Nothing occurs to vary the unbroken unity which the able and judicious faculty have so long maintained.

That the Pennsylvania College must evince a striking impetus from the infusion of strength in its reorganization last summer, we confidently

predicted; and our anticipations have been fully realized, both in the distinguished success which has attended the efforts of the new professors, and in the large accession of students to the institution.

The clinical and various private courses are, we believe, unusually well attended; and in all the minor branches of the great business of medical instruction an encouraging success is witnessable. We may say, with the most entire truth, that Philadelphia this year fully maintains her ancient supremacy as the metropolis of American medicine. B.

THE MEDICAL SCHOOL OF LONDON.

Perhaps some notice of the various medical schools of the great metropolis of the world may be of interest to our readers. London, it is not to be disguised, has within a few years been absorbing much of the attention which so long centered about Paris, as at a still earlier period at Edinburgh. Of the great names of medicine, a large proportion is now to be found at London, and some details as to their local connections we think must prove attractive.

It is to be noticed, that the "EXAMINING BOARDS" in London are distinct from the schools. This desirable separation is one of the improvements so ardently urged by many advocates of medical reform among us, and a glance at the standard of "examinations," herewith subjoined, must certainly satisfy every candid inquirer, that a higher scale of requirements for a degree in medicine obtains under this system than our own.

The examining bodies in London are, the UNIVERSITY OF LONDON, the ROYAL COLLEGE OF PHYSICIANS, and the ROYAL COLLEGE OF SURGEONS. We give at length the list of Examiners and the regulations of these institutions.

First, the University of London, where in the Board of Examiners many celebrated names will be recognized:—

UNIVERSITY OF LONDON.

Somerset House.

Examiners.

Faculty of Medicine.—Intellectual Philosophy, Logic, and Moral Philosophy: Rev. Henry Alford, B. D., T. B. Burcham, Esq., M. A.

Medicine: Archibald Billing, M. A., M. D., F. R. S., Alexander Tweedie, M. D., F. R. S.

Surgery: Sir Stephen L. Hammick, Bart., Joseph Hodgson, Esq., F. R. S.

Anatomy and Physiology: Francis Kiernan, Esq., F. R. S., William Sharpey, M. D., F. R. S.

Physiology and Comparative Anatomy: W. B. Carpenter, M. D., F. R. S.

Midwifery: Edward Rigby, M. D.

Chemistry: W. Thomas Brande, Esq., F. R. S.

Botany: Rev. J. S. Henslow, M. A.

Materia Medica and Pharmacy: Jonathan Pereira, M. D., F. R. S.

Examinations for the Degree of Bachelor of Medicine.

Candidates for the degree of Bachelor of Medicine are required—1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognized by this university. 2. To have spent one year at least of the four in one or more of the recognized institutions or schools in the United Kingdom. 3. To pass two examinations.

First Examination.

The First Examination commences on the first Monday in August. The candidate is required to produce certificates—1. Of having completed his nineteenth year. 2. Of having taken a degree in Arts in this university, or in a university the degrees granted by which are recognised by the senate; or of having passed the matriculation examination. 3. Of having been a student during two years at a medical school recognised by this university, subsequently to having taken a degree in Arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list: Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Chemistry, Botany, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 5. Of having dissected during nine months. 6. Of having attended a comprehensive course of Practical Chemistry. 7. Of having attended to Practical Pharmacy sufficiently to acquire a practical knowledge in the preparation of medicines. The fee for examination is five pounds. Candidates are examined in Anatomy, Physiology, Chemistry, Botany, (a syllabus of which may be had by application at the office of the university,) and Materia Medica and Pharmacy; they are also required to translate passages from the Latin Pharmacopœia. In the week next following the examination, the examiners arrange in two divisions such of the candidates as shall have passed; and a certificate, signed by the registrar, is delivered to each candidate.

Examination for Honors.

Any candidate who has been placed in the first division may be examined for honors, in the week following, in any or all of the following subjects:—Anatomy and Physiology, Chemistry, Materia Medica and Pharmaceutical Chemistry, and Structural and Physiological Botany. If in the opinion of the examiners sufficient merit be evinced, the can-

didates who distinguish themselves the most in Anatomy and Physiology, in Chemistry, and in Materia Medica and Pharmaceutical Chemistry, will each receive an exhibition of thirty pounds a year for the next two years; and the first and second candidates in each of the preceding subjects, and the first in Structural and Physiological Botany, will recieve a gold medal of the value of five pounds. Certificates of honor are given in each subject.

Second Examination.

The Second Examination commences on the first Monday in November. No candidate is admitted to this examination within two academical years of the first examination. Certificates required—1. Of having passed the first examination. 2. Of having subsequently attended a course of lectures on each of two of the subjects in the foregoing list, and for which the candidates did not present certificates at the first examination. 3. Of having, since the first examination, dissected during six months. 4. Of having conducted at least six labors. 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having subsequently attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months. 8. Of moral character from a teacher in the last school or institution at which he studied. The fee for examination is five pounds. Candidates are examined in Physiology (including Comparative Anatomy); General Pathology, General Therapeutics, and Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine; they are also required to translate passages of the Latin Pharmacopœia into English, and of the English Pharmacopœia into Latin, and to report on the cases of actual patients. In the following week the examiners arrange in two divisions such of the candidates as shall have passed; and a certificate under the seal of the University, and signed by the Chancellor, is delivered to each candidate.

Examination for Honors.

Any candidate who has been placed in the first division may be examined for honors, in the week following, in any or all of the following subjects:—Physiology and Comparative Anatomy, Surgery, Medicine, Midwifery. If in the opinion of the examiners sufficient merit be evinced, the candidates who distinguish themselves the most in Physiology and Comparative Anatomy, in Surgery, and in Medicine, will each receive an exhibition of fifty pounds per annum for the next two years, with the style of University Medical Scholar. The first and second candidates in each of the first three of the preceding subjects, and the candidate who distinguishes himself the most in Midwifery, each receive a gold medal of the value of five pounds. Certificates of honor are given in each subject.

Examination for the Degree of Doctor of Medicine.

The examination commences on the fourth Monday in November. Certificates required—1. Of having taken the degree of bachelor of

medicine in this university, or a degree in medicine or in surgery at a university the degrees granted by which are recognised by the senate. (Those candidates who have not taken the degree in this university must produce a certificate of having completed their twenty-third year.) 2. Of having attended, subsequently to having taken one of the above degrees, (*a*) to clinical or practical medicine during two years in a medical institution recognised by this university; (*b*) or, to clinical or practical medicine during one year, and of having been engaged during three years in the practice of his profession; (*c*) or, if he have taken the degree of bachelor of medicine in this university, of having been engaged during five years in the practice of his profession. (One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination were placed in the first division.) 3. Of moral character, signed by two persons of respectability. The fee for examination is ten pounds.

Candidates are examined in the following subjects:—Elements of Intellectual Philosophy, Logic, and Moral Philosophy; Medicine. A Commentary on a Case in Medicine, Surgery, or Midwifery, at the option of the candidate. *Viva voce* interrogations on the answers to the printed papers, and on the commentary. The candidate is also required to report on cases of actual patients. In the following week the examiners arrange in two divisions, each in alphabetical order, such of the candidates as shall have passed; and a certificate, under the seal of the university, and signed by the Chancellor, is delivered to each candidate.

Regulations relating to Students who commenced their Medical Studies in or before January, 1839.

Degree of Bachelor of Medicine.—Candidates who commenced their professional studies in or before January, 1839, being then not less than fourteen years of age, will be admitted to the first examination for the degree of bachelor of medicine, on producing certificates—1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the foregoing list. 3. Of having dissected during nine months. 4. Of having attended to practical pharmacy.

They will be admitted to the second examination on producing certificates—1. Of having been engaged during four years in their professional studies. 2. Of having passed the first examination. 3. Of having attended a course of lectures on each of two of the subjects in the foregoing list, in addition to those for which certificates were produced at the first examination. 4. Of having dissected during twelve months. 5. Of having attended to practical pharmacy. 6. Of having conducted at least six labors. 7. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months. 8. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months. 9. Of having completed their twenty-second year. 10. Of moral character, from a teacher in the last

school or institution at which they studied. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of CELSUS *de Re Medica.*

Regulations relating to Practitioners in Medicine or Surgery desirous of obtaining Degrees in Medicine.

Degree of Bachelor of Medicine.—Candidates admitted to the two examinations on producing certificates—1. Of having been admitted, prior to 1840, members of one of the legally constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery; or of having served, previous to 1840, as surgeons or assistant-surgeons in her Majesty's Army, Ordnance, or Navy, or in the service of the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the university. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of CELSUS *de Re Medica.*

Degree of Doctor of Medicine.—Candidates are admitted to examination on producing certificates—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of bachelor of medicine. Candidates who have not taken a degree in Arts, or passed the matriculation examination, translate a portion of CELSUS *de Re Medica.*

In the case of a candidate who fails to pass any one of the examinations, the fee is *not* returned to him, but he may present himself at a subsequent examination without any additional fee.

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ROYAL COLLEGE OF PHYSICIANS, LONDON.

Pall-Mall East, Trafalgar-square.

President—Dr. John Ayrton Paris.

Censors—Drs. Todd, Crawford, Webster, and Owen Rees.

Elects—Drs. Thomas Turner, Clement Hue, John Bright, Edward Thomas Monro, Thomas Mayo, Henry Herbert Southey, Francis Hawkins.

Treasurer—Dr. Edward Thomas Monro.

Registrar—Dr. Francis Hawkins.

The Examiners for the Licence are the President and Censors.—The examinations take place on or about Christmas, Easter, Midsummer, and Michaelmas. The Examiners for the Extra-Licence are the President and three Elects. The examinations for the Extra-Licence take place at the same time as the former.

FEES—*Licence*, £56 17*s.*, including £15 stamp. *Fellowship*, £55 1*s.*, including £25 stamp. *Extra-Licence*, about £25.

Regulations, dated 1838, *and now in force.*

Every candidate for a licence or extra-licence must produce evidence,

1. Of unimpeached moral character.
2. Of having completed the twenty-sixth year of his age.

3. Of having devoted himself for five years, at least, to the study of medicine.

The course of study thus ordered by the College comprises :—

Anatomy and Physiology; the Theory and Practice of Physic; Forensic Medicine; Materia Medica and Botany; and the Principles of Midwifery and Surgery.

Attendance for three entire years on the physicians' practice of some general hospital or hospitals in Great Britain or Ireland, containing at least 100 beds, and having a regular establishment of physicians as well as surgeons.

Candidates who have been educated abroad, in addition to the full course of study specified, must have diligently attended the physicians' practice in some general hospital in this country, for at least twelve months.

Candidates who have already been engaged in practice, and have attained the age of forty years, but have not passed through the complete course of study above described, may be admitted to examination upon presenting to the Censors' Board such testimonials of character, general and professional, as shall be satisfactory to the college.

The first examination is in anatomy and physiology; the second includes all that relates to the causes and symptoms of diseases; the third relates to the treatment of diseases.

The examinations are carried on usually during three days by writing, and two days *viva voce*. The *viva voce* part of each is carried on in Latin, except when the Board deems it expedient to put questions in English, and permits answers to be returned in the same language.

A competent knowledge of Greek is recommended, but is not indispensable, if the other qualifications of the candidate prove satisfactory. The candidate is called on to translate *viva voce* into Latin a passage from Hippocrates, Galen, Aretæus; or to construe into English a portion of the works of Celsus, or Sydenham, or some other Latin medical author, having been previously required, on three separate days, to give written answers in English to questions on the different subjects enumerated above, and to translate, in writing, passages from Greek or Latin books relating to medicine.

The fellows are elected from the body of licentiates—a certain number generally on the 25th of June.

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ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Lincoln's Inn Fields.

President.—Cæsar H. Hawkins.

Vice-Presidents.—James Luke, and Robert Keate.

The Council.—The President and Vice-Presidents, G. J. Guthrie, T. Copeland, W. Lawrence, Sir B. C. Brodie, Bart., B. Travers, J. Swan, J. H. Green, E. Stanley, J. M. Arnott, J. F. South, F. C. Skey, B. B. Cooper, J. Hodgson, T. Wormald, G. Pilcher, J. Bishop, G. W. Mackmurdo, F. Kiernan, W. Coulson, G. Gulliver, and R. Partridge.

Court of Examiners.—The President and Vice-Presidents, G. J. Guthrie, W. Lawrence, B. Travers, E. Stanley, J. H. Green, J. M. Arnott, John F. South.

Examiners for the Fellowship in Classics, Mathematics, and French. G. Smith, G. G. Stokes, and I. Brasseur.

Professor of Anatomy and Physiology.—F. C. Skey.

Hunterian Professor, Conservator of Museum. } R. Owen.

Conservator.—J. T. Quekett.

Librarian.—T. M. Stone.

Secretary.—E. Belfour.

Clerk.—H. P. Gregg.

Mace-bearer.—W. Stone.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma of Member of the College.

I. Candidates will be required to produce the following Certificates, viz.—

1. Of being twenty-one years of age.
2. Of having been engaged during four years in the acquirement of professional knowledge.
3. Of having studied practical pharmacy during six months.
4. Of having attended at a recognised hospital or hospitals in the United Kingdom the practice of physic during one winter* and one summer† session.
5. Of having attended, during three winter and two summer sessions, the practice of surgery at a recognised hospital or hospitals in the United Kingdom.
6. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions.
7. Of having attended, during two winter sessions, lectures on the principles and practice of surgery.
8. Of having attended, during one summer session, lectures on materia medica, and lectures on midwifery; practical midwifery to be attended at any time after the conclusion of the session.
9. And of having attended one course of lectures on the practice of physic, and one course on chemistry.

*** The course of study hereby prescribed is required to be observed by candidates who shall have pursued their studies in hospitals and schools in England. Those candidates who shall have studied in Scotland are required to bring certificates of having attended lectures on the

* The winter session comprises a period of six months, and, in England, commences on the 1st of October, and terminates on the 31st of March.

† The summer session comprises a period of three months, and, in England, commences on the 1st of May, and terminates on the 31st of July.

No provincial hospital will be recognized by this College which contains less than 100 patients; and no metropolitan hospital which contains less than 150 patients.

institutes of medicine during one winter session, and on anatomy during two other winter sessions, and on demonstrations and dissections during three winter sessions, (the foregoing regulations being in all other respects observed.) Candidates who shall have attended lectures on materia medica in the University of Dublin will be allowed to bring certificates of such attendance during the winter session.

II. Members or licentiates of any legally constituted College of Surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the university where they shall have graduated, or at one or more of the recognised schools and hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognised colonial hospitals and schools,* the medical and surgical practice and the several courses of lectures, with the demonstrations and dissections, required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognised hospital, and lectures on anatomy, physiology, and surgery, with demonstrations and dissections.

V. Certificates will not be recognized from any hospital unless the surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any school of anatomy and physiology or midwifery, unless the teachers in such school be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any school of surgery, unless the teachers in such school be members of one of the legally constituted Colleges of Surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer: but anatomy and physiology—demonstrations and dissections—will be respectively considered as one branch of science; and in those schools in Scotland or Ireland in which such division of those subjects is sanctioned by the College of Surgeons in each kingdom, the institutes of medicine,—anatomy, demonstrations, and dissections,—may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the

*The recognition of colonial hospitals and schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to physicians, surgeons, and lecturers, as apply to the recognition of provincial hospitals and schools in England.

College, as required by the regulations, during the last ten days of January, March, and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

By order of the Council,

July 1st, 1852. EDMUND BELFOUR, Secretary.

N. B. In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

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The medical schools of London are dependent on and connected with the hospitals. The following list of the physicians and faculties in these joint institutions, we condense from the London Lancet for September 25th.

ST. BARTHOLOMEW'S HOSPITAL.—*Physicians*—Drs. Hue, Roupell, and Burrows. *Surgeons*—Messrs. Lawrence, Stanley, and Lloyd. *Assistant Physicians*—Drs. Farre, Jeaffreson, and Black. *Assistant Surgeons*—Messrs. Skey, Wormald, and Paget. *Physician Accoucheur*—Dr. West.

ST. BARTHOLOMEW'S COLLEGE. *Winter Session.*—Medicine, Dr. Burrows. Descriptive and Surgical Anatomy, Mr. Skey. General and Morbid Anatomy, and Physiology, Mr. Paget. Practical Anatomy, Messrs. Holden, Holmes, and Coote. Surgery, Mr. Lawrence. Chemistry, Mr. Stenhouse. *Summer Session.*—Materia Medica and Therapeutics, Dr. Roupell. Midwifery and the Diseases of Women and Children, Dr. West. Botany, Dr. Farre. Practical Chemistry, Mr. Stenhouse. Forensic Medicine, Dr. Baly. Comparative Anatomy, Mr. McWhinnie. Natural Philosophy, Dr. Gibbon.

CHARING-CROSS HOSPITAL.—*Consulting Physician.* Dr. Shearman, *Physicians*, Drs. Golding and Chowne. *Assistant Physician*, Dr. Rowland. *Surgeons*, Messrs. Hancock and Avery.

MEDICAL AND SURGICAL SCHOOL. *Winter Session.*—Chemistry, Mr. Lewis. Descriptive and Surgical Anatomy, Dr. E. Smith. General Anatomy and Physiology, Mr. Canton. Principles and Practice of Medicine, Drs. Chowne and Rowland. Principles and Practice of Surgery, Mr. Hancock. *Summer Session.*—Practical Chemistry, Mr Lewis. Materia Medica and Therapeutics, Drs. Steggall and Willshire. Principles and Practice of Midwifery, and the Medical Treatment of Women and Children, Dr. Chowne, and Mr. Hird. Medical Jurisprudence, Dr. Birkett and Mr. Hird.

St. George's Hospital. *Physicians*—Drs. Wilson, Nairne, Page, and Bence Jones. *Assistant Physicians*—Drs. Pitman and Fuller. *Surgeons*—Messrs. Keate, Cæsar Hawkins, Cutler, and Tatum. *Assistant Surgeons*—Messrs. Johnson and Hewett.

Medical and Surgical School. *Winter Session.*—Anatomy, General, and Physiology, Mr. A. Johnson. Anatomy, Descriptive and Surgical, Messrs. Hewett and Pollock. Chemistry, Mr. Noad. Medicine, Drs. Naird and Page. Surgery, Mr. Tatum. *Summer Session.*—Materia Medica, Dr. Pitman. Midwifery, Dr. R. Lee. Botany, Mr. Henfrey. Medical Jurisprudence, Dr. Fuller and Mr. H. Johnson.

Guy's Hospital. *Consulting Physician*—Dr. Bright. *Physicians*—Drs. Addison, Babington, and Barlow. *Assistant Physicians*—Drs. Hughes, Owen Rees, Golding Bird, and Gull. *Surgeons*—Messrs. B. Cooper, Cock, and Hilton. *Assistant Surgeons*—Messrs. Birkett and Poland. *Obstetric Physicians*—Drs. Lever and Oldham. *Surgeon Dentist*—Mr. Bell. *Surgeon of the Eye Infirmary*—Mr. France. *Apothecary*—Mr. Stocker.

Medical and Surgical School. *Winter Session.*—Anatomy, Descriptive, Surgical, and Pathological, Messrs. Hilton and Birkett. Physiology, Dr. Gull. Demonstrations on Anatomy, Mr. Callaway and Dr. Habershon. Chemistry, Dr. Taylor. Medicine, Dr. Addison. Surgery, Mr. Bransby Cooper. Natural Philosophy, Dr. Lloyd. Moral Philosophy, Rev. T. H. Bullock. Clinical Medicine, Drs. Addison, Babington, and Barlow. Clinical Surgery, Messrs. Bransby Cooper, Cock, and Hilton. Clinical Lectures on Midwifery and Diseases of Women, Drs. Lever and Oldham. *Summer Session.*—Demonstrations on Cutaneous Diseases, Dr. Addison. Materia Medica, Drs. Golding Bird and Rees. Clinical Lectures, Drs. Hughes, Owen Rees, and Golding Bird. Regional Anatomy, Mr. Hilton, or Mr. Birkett. Dental Surgery, Messrs. Bell and Salter. Pathological Anatomy, Dr. Lloyd. Midwifery, Drs. Lever and Oldham. Medical Jurisprudence, Dr. Taylor. Comparative Anatomy, Drs. Gull and Habershon. Ophthalmic Surgery, Mr. France. Botany, Mr. Johnson. Practical Chemistry, Dr. Odling.

King's College Hospital. *Consulting Physicians*—Drs. Watson and Ferguson. *Physicians*—Drs. Budd and Todd. *Physician Accoucheur*—Dr. A. Farre. *Physician to Out-Patients*—Dr. Guy. *Assistant Physician*—Dr. G. Johnson. *Surgeons*—Messrs. Fergusson and Partridge. *Assistant Surgeons*—Messrs. Bowman and Lee. *Surgeon Dentist*—Mr. Cartwright.

King's College, Medical Department.—Anatomy, Descriptive and Surgical, Mr. Partridge. Demonstrations, Messrs. Lee, Salter, and Wood. Physiology, General and Morbid Anatomy, Drs. Todd and Bowman. Chemistry, Dr. W. A. Miller. Medicine, Dr. Budd. Surgery, Mr. Fergusson. *Summer Session.*—Midwifery, Dr. A. Farre. Materia Medica and Therapeutics, Dr. Royle. Botany, Mr. Forbes. Forensic Medicine, Dr. Guy. Practical Chemistry, Mr. J. E. Bowman, Comparative Anatomy, Mr. R. Jones.

THE LONDON HOSPITAL. *Physicians*—Drs. Cobb, Little, and Pereira. *Assistant Physicians*—Drs. Fraser, Davies, and Parker. *Consulting Physicians in Obstetric Cases*—Dr. Ramsbotham. *Surgeons*—Messrs. Luke, Adams, and Curling. *Assistant Surgeons*—Messrs. Critchett, N. Ward, and Wordsworth.

MEDICAL AND SURGICAL SCHOOL. *Winter Session.*—Medicine, Dr. Little. Surgery, Messrs. Curling and Critchett. Descriptive and Surgical Anatomy, Mr. J. Adams. General Anatomy and Physiology, Dr. Carpenter. Practical Anatomy, Messrs. N. Ward, and Brown. Chemistry, Mr. Letheby. Anatomy and Pathology of the Teeth and Dental Surgery, Mr. Barrett. *Summer Session.*—Midwifery and Diseases of Women and Children, Dr. Ramsbotham. Forensic Medicine, Drs. Ramsbotham and Letheby. Materia Medica and Therapeutics, Dr. Davies. Practical Chemistry, Dr. Letheby. Botany, Mr. Bentley, Comparative Anatomy, Dr. Carpenter.

ST. MARY'S HOSPITAL. *Physicians*—Drs. Alderson, Chambers, and Sibson. *Surgeons*—Messrs. Coulson, Lane, and Ure. *Physician Accoucheur*—Dr. Tyler Smith. *Surgeon Accoucheur*—Mr. Baker Brown. *Ophthalmic Surgeon*—Mr. W. Cooper. *Aural Surgeon*—Mr. Toynbee. *Assistant Physicians*—Drs. H. Jones, Sieveking, and Markham. *Assistant Surgeons*—Messrs. Smith, Walton, and Lane. *Dental Surgeon*—Mr. Nasmyth.

MIDDLESEX HOSPITAL. *Physicians*—Drs. F. Hawkins, Crawford, and S. Thompson. *Physician Accoucheur*—Dr. Frere. *Assistant Physician*—Dr. Stewart. *Surgeons*—Messrs. Shaw, De Morgan, and Moore. *Assistant Surgeon*—Mr. Henry. *Surgeon Dentist*—Mr. Tomes. *Apothecary*—Mr. Corfe.

MEDICAL AND SURGICAL SCHOOL. *Winter Session.*—Physiology and General Anatomy, Mr. De Morgan. Anatomy, Descriptive and Surgical, Mr. Moore. Practical Anatomy, Mr. Nunn and Dr. Van der Byl. Chemistry, Mr. T. Taylor, and Heisch. Medicine, Drs. Crawford and S. Thompson. Surgery, Mr. Shaw. Morbid Anatomy, Mr. Henry. Practical Pharmacy, with Dispensing, Mr. Corfe. *Summer Session.*—Materia Medica, &c., Dr. Stewart. Midwifery, Dr. Frere. Botany, Mr. Bentley. Medical Jurisprudence, Dr. Goodfellow. Demonstrations in Anatomy, Mr. Nunn. Comparative Anatomy, Mr. Waterhouse. Practical Chemistry, Messrs. Taylor and Heisch.

ROYAL FREE HOSPITAL. *Physicians*—Drs. Chambers and Brinton. *Surgeons*—Messrs. Marsden, Gray, and T. Wakley. *Assistant Surgeon*—Mr. T. W. Cooke. *Medical Officer for Diseases of Children*—Mr. T. C. Jackson. *Dentist*—Mr. Robinson.

ST. THOMAS' HOSPITAL. *Consulting Physician*—Dr. Roots. *Physicians*—Drs. Barker, Leeson, and Risdon Bennett. *Assistant Physicians*—Drs. Goolden, Cohen, and Peacock. *Surgeons*—Messrs. Green,

South, and Mackmurdo. *Assistant Surgeons*—Messrs. Solly and Clark. *Midwifery Department. Physicians*—Drs. Waller and Griffith. *Ophthalmic Department. Surgeon*—Mr. Mackmurdo.

Medical and Surgical College.—Anatomy Demonstrations, Messrs. Rainey and Crosby. Physiology and General Anatomy, Mr. Grainger. The Teeth, their Structure and Diseases, Mr. Saunders. Microscopical Anatomy, Messrs. Grainger and Rainey. Surgery, Messrs. Green and South. Post Mortem Examinations, Messrs. Adams and Bristowe. Descriptive and Surgical Anatomy, Mr. Clark. Theory and Practice of Medicine, Dr. Barker. Chemistry, Dr. Leeson. Ophthalmic Surgery, Mr. Mackmurdo. *Summer Lectures.*—Comparative Anatomy and Natural History, Dr. Meryon. Medical Jurisprudence, Dr. Barker. Materia Medica, Dr. Risdon Bennett. Midwifery, Dr. Waller. Botany, Mr. Bristowe. Pathology, Mr. Simon. Practical Chemistry, Dr. Gladstone.

University College Hospital. *Physicians*—Drs. Walshe, Parkes, and Garrod. *Obstetric Physician*—Dr. Murphy. *Assistant Physicians*—Drs. Jenner and Hare. *Surgeons*—Messrs. Quain and Erichsen. *Consulting Surgeon to Eye Infirmary*—Mr. Quain. *Ophthalmic Surgeon*—Mr. Wharton Jones. *Assistant Surgeons*—Messrs Marshall and Statham.

Faculty of Medicine. *Winter Session.*—Principles and Practice of Medicine, Dr. Walshe. Anatomy and Physiology, Dr. Sharpey. Chemistry, Mr. Graham. Anatomy, Descriptive, Practical, and Surgical, Mr. Ellis. Principles and Practice of Surgery, Mr. Erichsen. Analytical Chemistry, Dr. Williamson. Comparative Anatomy and Zoology, Dr. Grant. Natural Philosophy, Prof. Potter. *Summer Session.*—Botany, Dr. Lindley. Pathological Anatomy, Dr. Jenner. Comparative Anatomy and Zoology, Dr. Grant. Palæo-Zoology, Dr. Grant. Practical Chemistry, Dr. Williamson. Medical Jurisprudence, Dr. Carpenter. Midwifery, &c., Dr. Murphy. Ophthalmic Medicine and Surgery, Mr. Wharton Jones. Materia Medica and Therapeutics, Dr. Garrod.

Westminster Hospital.—*Consulting Physician*—Dr. Bright. *Physicians*—Drs. Roe, Kingston, and Basham. *Assistant Physician*—Dr. Woodfall. *Consulting Surgeons*—Messrs. Guthrie and Hale Thomson. *Surgeons*—Messrs. Lynn, Phillips, and Holt. *Assistant Surgeon*—Mr. C. G. Guthrie. *Surgeon Dentist*—Mr. Clendon.

Medical and Surgical School. *Winter Session.*—Anatomy and Physiology, Messrs. Hillman and Brooke. Anatomy, Descriptive and Surgical, Mr. Holthouse. Anatomical Demonstrations, Mr. Power. Surgery, Messrs. Phillips and Holt. Medicine, Drs. H. Roe and Basham. Chemistry, Mr. Lewis. Dental Surgery, Mr. Clendon. *Summer Session.*—Materia Medica, Dr. Basham. Midwifery, Dr. F. Bird. Forensic Medicine, Drs. Fincham and Tanner. Botany, Dr. Radcliffe. Practical Chemistry, Mr. H. Lewis. Natural Philosophy, Mr. H. Brooke.

School of Anatomy and Medicine, adjoining St. George's Hospital. *Winter Session.*—Anatomy and Physiology, Messrs. Lane, Blenkins, and J. R. Lane. Descriptive and Surgical Anatomy, Messrs. Blenkins, and J. R. Lane. Chemistry, Mr. Rodgers. Medicine, Drs. Daniell and Sibson. Surgery, Messrs. Pilcher and Smith. *Summer Session.*—Materia Medica and Therapeutics, Dr. Lankester. Midwifery, Mr. Bloxam. Medical Jurisprudence, Mr. Warder. Botany, Dr. Lankester. Practical Chemistry, Mr. Rodgers.

Hunterian School of Medicine. *Winter Session.*—Principles and Practice of Medicine, Dr. Aldis. Principles and Practice of Surgery, Mr. Dampier. Anatomy and Physiology, Mr. Chippendale. Descriptive and Surgical Anatomy, Mr. Grant. Chemistry, Mr. Ashley. *Summer Session.*—Materia Medica, Dr. Smyth. Midwifery and Diseases of Women and Children, Dr. Gordon Bailey. Morbid Anatomy, Mr. H. Thompson. Practical Chemistry, Mr. Ashley. Medical Botany, Mr. C. P. Johnson. Forensic Medicine, Dr. R. Chambers.

ERRATA.

To the Editors of the Medical Examiner:—In my article on *Dysentery*, in the September number of the *Examiner*, the types make me perpetrate some very bad grammar. Page 571, 20th line from the top, for *is* read *are*. Page 572, 23d line from top, there is a sentence which reads thus: "I can call to mind at least half a dozen cases of death from this disease, in the commencement of my practice, *which, after reflection, convinces* me might possibly have been saved by copious blood-letting." The part of the sentence italicised should have no comma, and there should be a hyphen between *after* and *reflection*, thus: "I can call to mind at least half a dozen cases of death from this disease, in the commencement of my practice, *which after-reflection convinces* me might possibly have been saved by copious blood-letting."

Yours. Geo. L. Upshur.

Norfolk, Va., Sept. 9th, 1852.

MEDICAL NEWS.

At a meeting of the Students of the Medical Department of the University of New York, held Oct. 18th, 1852, the following preamble and resolutions were unanimously adopted:

Whereas, The successful practice of the "Healing Art" imperatively demands a knowledge of the functions of the various organs of the animal economy, which branch of Medical knowledge has been too much neglected, but is now justly engaging the attention of, and becoming properly appreciated by the Profession; and, *Whereas*, Dr. BROWN SEQUARD, of Paris, in his experiments and investigations for the advancement of Physiological science, has arrived at conclusions, and rendered truths demonstrable, which have been heretofore unknown or conjectural; Therefore,

Resolved, That Dr. SEQUARD is entitled to the commendation of the Medical Profession, and merits their approbation; and further

Resolved, That we hereby tender him our sincere and heartfelt thanks, as an humble testimonial of our appreciation of his instructive and interesting series of Lectures before the class.

Resolved, That while our thanks are eminently due to Dr. SEQUARD, they are no less due to the Faculty of the University for his introduction to the class, as well as for their untiring efforts in sustaining in an able and superior manner the past summer's course of lectures.

Resolved, That we hereby tender them our most hearty thanks.

Resolved, That a copy of these resolutions be presented to Dr. SEQUARD and the Faculty of the University, and published in the Herald and Tribune. Signed in behalf of the class.

P. T. TUNISON, Chairman.

H. HALSEY TICHENOR, Secretary.

TRIBUTE TO DR. HOOKER.—At a meeting of the Norwich Medical Association, August 12th, 1852, a committee was appointed to draft resolutions in regard to the anticipated removal of Dr. WORTHINGTON HOOKER to New Haven. The following, proposed by the committee, were unanimously adopted, and ordered to be published in such journals as the committee should think proper.

Whereas, The Members of the Norwich Medical Association, desiring to avail themselves of the opportunity for expressing their regard for Dr. Hooker on the occasion of his retiring from the practice of his profession in this place, and feeling warmly attached to him personally, for his kind professional intercourse and the uniform courtsey and patience which have distinguished him in the discharge of his duties, and having a high esteem and regard for him as a talented and accomplished physician,—therefore,

Resolved, That we sincerely regret the separation from us of one who

has set so eminent an example of true professional honor, and who has ever so scrupulously regarded the rights and feelings of his medical brethren.

Resolved, That such an example puts to shame too many medical practitioners of the present day, who seem to be governed by an overbearing spirit, or by a crafty, insinuating disposition, wounding at every step the fair fame of those whom they should treat as brethren.

Resolved, That in his work entitled "PHYSICIAN AND PATIENT," Dr. Hooker exhibited rare qualities that have justly secured to him the esteem and confidence of the great body of the profession throughout the country; and that the prominent position which he now holds among medical men, resulting from these qualities, indicates for him a career of great and extensive usefulness in the new relation to which he has been called.

Resolved, That in Dr. Hooker's untiring zeal and industry, in his careful habits of investigation, in his sound and wise discrimination in the application of medical principles, and in the operations of his clear and vigorous mind, enlightened and instructed by the various learning of his profession, we see the true causes of the eminence to which he has attained.

Resolved, That we congratulate the Faculty of Yale College, and the Medical Profession in the city of New Haven, upon their good fortune in securing for the Chair of the Theory and Practice of Medicine a gentleman so fully possessing the requisite qualities for filling that position.

HORACE THURSTON,

Norwich, Sept. 17th, 1852. *Secretary of the Association.*

APPOINTMENT.—The Board of Trustees of the New Hampshire State Lunatic Asylum have elected JOHN E. TYLER, M. D., Superintendent of that Institution.

EMIGRANTS' HOSPITAL, WARD'S ISLAND, N. Y.—Dr. Thomas Addis Emmet has been appointed one of the "Visiting Physicians" to this Hospital. Dr. Emmet has won the confidence of the Board of Managers by his constant and unremitting devotion to his duties, as resident physician during the past two years, and has been rewarded by this high honor, rarely bestowed on one so young in years and the profession.

NEW MEDICAL SCHOOL.—A new Medical School has been established at Cincinnati, styled the "*Miami Medical College of Cincinnati.*" The Professors are the venerable and distinguished Dr. Mussey, and Drs. Judkins, Avery, Davis, White (late of Philadelphia,) Mendenhall, Murphy, Comegys, and Locke, Jr.

PROFESSORIAL APPOINTMENTS.—Dr. J. LAWRENCE SMITH, of the University of Louisiana, has been elected to succeed Dr. R. E. ROGERS,

in the Chair of Chemistry in the University of Virginia. This appointment is highly satisfactory to the friends of this excellent Institution.

Drs. PALMER and FLINT, of the University of Buffalo, have succeeded Drs. Cobb and Drake in the University of Louisville, the latter gentlemen having accepted Chairs in the Medical College of Ohio.

Dr. E. M. MOORE, of Woodstock, Vt., takes the Chair of Anatomy in the University of Buffalo, vacated by Dr. Palmer.

TRANSYLVANIA MEDICAL JOURNAL.—Dr. L. J. FRAZEE has assumed the editorial duties of this Journal.

CHOLERA.—The latest intelligence from Prussia is rather satisfactory as regards the progress of cholera, for although it has spread through the Polish territories, not only has its virulence abated, but the number of cases has also diminished. At Berlin three hospitals have been opened, and at Posen, from the 20th of July to the 20th of September, there were 2491 cases and 1235 deaths. All the public schools have been closed; and at Konisberg, M. Von Treschowitz and M. Waldow connected with the legislature, have died. At Posen, the wife of M. Von Pattkamaner, the President, also died of cholera.

BARON HUMBOLDT attained his 83rd birth-day on the 14th of Sept. This "Nestor of Science" is in excellent health, and is engaged daily for hours on a fourth volume of "Cosmos."

MEDICAL FEES IN SPAIN.—The fee of a Spanish physician at present is said to be twopence from a tradesman, tenpence from a man of rank, and nothing from the poor. In France, the fee from a tradesman is from three to five francs; from a man of rank and wealth the amount varies, large sums being occasionally given.

M. WURTZ, Professor at the Ecole de Médécine, has succeeded in extracting from the oil of potatoes a new alcohol, which he calls *Alcoöl entylique*. It is obtained by repeated distillations. Its composition is $C_8\ H_{10}\ O_2$.

M. DIZE, a distinguished chemist, Member of the Académie de Médecine, and of various learned societies of France, died lately, aged 88. When yet a young chemist, he established the manufacture of artificial soda, which has become to France the source of a revenue of a million of francs. On the breaking out of the first Revolution, he organized at the Ecole Militaire the central pharmacy of the armies of the Republic. He also invented new processes for refining gold and

silver, and did various services for public departments of the State.—*London Med. Times.*

THE AUTOBIOGRAPHY OF BERZELIUS.—After the death of this great Swedish chemist, it was found that he had left behind him a copious and highly interesting biography, for the publication of which we have long and anxiously waited. It appears, however, that the autobiography contains so many personal allusions, and so many unsparing criticisms of living or recently deceased scientific men, that the executors are not only afraid of publishing, but are actually prevented from doing so by the laws of Sweden, which forbid the printing of works dealing in personalities, until several years after the death of their authors. From the known dislike of Berzelius to Sir Humphry Davy, and to the recently deceased Dr. Thomas Thomson, it is supposed that these eminent chemists figure largely in the suppressed work. We feel sure that the surviving relatives of these distinguished men would prefer the opportunity of answering such criticism themselves, rather than leave the task to a future generation. We trust that the obstacles which prevent the appearance of this—as we are told—remarkable work, may be overcome, and that speedily.—*London Lancet.*

RECORD OF MEDICAL SCIENCE.

MATERIA MEDICA AND THERAPEUTICS.

On the use of Manganese as an Adjuvant to Iron.—M. PETREQUIN quotes various authors to prove that manganese is a normal constituent of animal and vegetable tissues; and believes that wherever iron is present in appreciable quantity, manganese coexists with it. Hence iron alone will not always succeed in blood-diseases. M. Pétrequin has observed many cases of chlorosis, which have resisted iron as obstinately as anæmia connected with cancer or organic degeneration. Other cases again, after deriving a certain amount of benefit from iron, remain stationary. Others again appear cured by iron, but the cure is not permanent. The remedy required in these cases, M. Pétrequin finds to be manganese. He does not give it or iron alone; but combines them.

It is especially in *diseases of the blood* that ferro-manganic medicines are useful. They have a special action on the vascular apparatus, on the formation of the blood, and on the circulating fluid itself. They do not act merely as tonics or astringents; but are regenerators of the blood. They have succeeded admirably in anæmia following hæmorrhage, operations, polypi, metrorrhagia, &c., also in the chlorosis attending puberty,

which is a more common disease than is generally supposed, and occurs even in males. M. Pétrequin has also frequently found the combinations of iron with manganese of benefit in the diseases of women at the critical period. He has often seen, in these subjects, *metrorrhagia*, accompanied with an aspect of the surface which would lead to the suspicion of organic uterine disease: the hæmorrhage, however, was but a complication, and the patients, apparently in a hopeless state, have recovered under the use of ferro-manganic preparations, conjoined with tonics and ergotine.

In *amenorrhœa* and *dysmenorrhœa*, the patients often imagine that they require to be bled; but care must generally be taken not to comply with this request. M. Pétrequin has more than once seen cases of amenorrhœa with severe chlorosis, in which it has not been desirable to hasten the appearance of the catamenia—the consequent loss of blood aggravating the disease. The general state of health must here be carefully attended to. Œdema of the lower limbs sometimes occurs in these cases; but it is a less severe complication than when it attends metrorrhagia. It often disappears, as the patient recovers, under the use of iron and manganese.

These medicines are no less efficacious in the treatment of *anæmia* resulting from prolonged intermittent fevers, prolonged suppuration, strumous, syphilitic, or cancerous affections, phthisis, &c. Pills and the syrup of the iodide of manganese and iron are preferable in these cases.

In all these cases, the ferro-manganic preparations do not merely act on the stomach and nervous system, but they are absorbed and assist in the formation of hæmatosine and new blood-globules, so as to restore the blood to its normal condition. Their effect in this way is greater than that of iron alone.

In the *functional affections of the heart* connected with chlorosis and anæmia, and which must not be mistaken for organic disease, a combination of iron and manganese with digitalis and other moderators of the heart's action is advantageous. The same remark applies to the *functional disorders of the lungs*, attending the same constitutional states. *Disordered states of the nervous system* are intimately connected with those of the blood. M. Pétrequin has found that the ferro-manganic preparations succeed well in these, even though uncomplicated with chlorosis. He, as well as M. Gubian, has observed that iron is here better tolerated when combined with manganese. He has also seen benefit from the use of iron with manganese in many cases of *dyspepsia*, *gastralgia*, *gastro-enteralgia*. Nervous affections of the digestive organs are often the result of chlorosis; and, where stomachics and cinchona have failed, iron has often been found (especially the carbonate, by some English physicians) to be of service. Gastrodynia complicating chlorosis has often yielded to the use of ferro-manganiferous water, and to pills of carbonate of iron and manganese.

In *nervous affections connected with exhaustion* from venereal excesses, onanism, rapid growth, &c., as well as in leucorrhœa, diabetes, &c., M. Pétrequin has a high opinion of these medicines. He is continuing his researches on their action in certain cases of sterility from asthenia

and in some hyposthenic affections of the scalp, such as early baldness, alopecia, &c.

M. Pétrequin has confined his observations to a limited number of the ferro-manganic preparations; and has made many observations before publishing the formulæ which he finds most useful. Having found, even at an early period, that the medicines were liable to adulteration, he has availed himself of the assistance of competent pharmaceutists. Since the publication of his first memoir, in 1849, these medicines have been extensively used in the south of France and in foreign countries.

The formulæ are few and correspond to the preparations of iron generally used in France. They are; 1. *Pills* of carbonate of iron and manganese, or of iodide; 2. *Lozenges* of lactate of iron and manganese; 3. *Syrups* of lactate or of iodide of iron and manganese; 4. Ferro-manganic *chocolate;* 5. *Effervescing solution* of iron and manganese.

It has been observed that manganese not only preserves water, but purifies that which has undergone change—(Martin-Lauzer.) Ferro-manganic waters (of which there are many in France and other parts of the continent) can be preserved and carried to a distance;—which cannot generally be done with simple ferruginous waters.

M. Pétrequin commences by giving a powder of iron and manganese, with some vinous drink; he then administers two pills daily, one before breakfast and one before dinner, replacing them soon by the lozenges. The syrups and chocolate complete the treatment. He gives the medicines at meal time. The syrup he gives before breakfast, in doses of a teaspoonful; and he finds it useful to administer directly after it some infusion of centaury, or of chamomile flowers and orange.

Large doses are unnecessary and useless; for they are liable to produce irritation of the stomach and exhaustion of the nervous system; and the reparation of the blood is slow and progressive, and cannot, even were it desirable, be effected rapidly. Besides the iron and manganese are not absorbed in any greater quantity, if large doses are given.—*Dublin Med. Press.*